

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

CERTIFICATE IN
PHARMACY MANAGEMENT
C&D/SMITHKLINEBEECHAM CiCPM MODULE 2

21/28 December 1996

Latest White Paper
to deliver the future

PIANA on target with
audit pack launch

Forth Valley patients
back their pharmacists

Businesses in Focus:
a year down the line

Update:
is ME for
real or all
in the mind?



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The way White Papers are tumbling out of the Department of Health, one could be forgiven for losing track of the situation. To recap: the listening process carried out by ministers at the beginning of the year led to the news that two White Papers could be expected by the end of 1996. Proposals in 'Choice and opportunity – primary care: the future' (published mid-October) are already included in the NHS (Primary Care) Bill going through parliament. The Bill is not expected to reach the Commons until late January, but ministers are hopeful it will become law by the spring. The second White Paper, 'Delivering the future', was published on Tuesday (see p868) and is intended to add a practical dimension to the first. The Royal Pharmaceutical Society, PSNC, *et al* have been given little time to scrutinise the new Bill, and will have to work hard to keep up with the DoH's unfolding agenda, which clearly involves a review of medicines supply, the distribution of pharmacies and 'better use' of the pharmacy workforce. DoH acceptance that the present pay structure does not encourage service development is an opportunity to push for fundamental change. Whether PSNC likes it or not, the DoH has been following what the RPSGB has to say on such matters.

If pharmacy has achieved nothing else in 1996, it has a higher 'consumer' profile – the publicity surrounding RPM, and the welcome attention on the pharmacist's position in primary care delivery have ensured that. This year has been an unsettling time: 1997 promises to be no better, with the redefinition of NHS community pharmacy continuing apace. As more details of the Government's thinking emerge, so the stakes become higher. Pharmacists have proved time and time again they can deliver. The challenge now is to make it pay. And with that thought, on behalf of all at *C&D*, a restful Christmas to all our subscribers, and may 1997 be both professionally and commercially rewarding.

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White Paper to deliver the future?

The Government intends to review medicines prescribing and supply, with the aim of giving pharmacists and other health professionals wider roles. A White Paper, published on Tuesday, also promises talks on how pharmacists' remuneration can best fit future needs.

The White Paper, 'Delivering the future' (HMSO, \$8.65), sets out 70 proposals to improve patient care and complements the NHS (Primary Care) Bill currently going through parliament. The Government is making available a further \$100 million to develop community and primary care services.

One of the White Paper's aims is to make better use of professional skills. A working party will review, over 12 months, the prescribing and supply of medicines to determine the circumstances in which health professionals could take on new roles.

The Government proposes to discuss with pharmacists' representatives the role of community pharmacists in helping patients get best use from their medicines, the White Paper says.

"In liaison with prescribers and others, community pharmacists could help ensure that patients' medication regimes are right for them, that they are taking their medicines appropriately and that supply is tailored to patients' (or carers') needs ..."

Any changes to existing roles must "at the very least, maintain, if not enhance, patient safety. The changes would also need to be cost-effective, bring demonstrable benefits in terms of patient care and make better use

of the professional skills available". The terms of reference for the prescribing review will be discussed with the relevant professional organisations.

The Government intends to extend nurse prescribing to a further seven NHS trusts. There will be one pilot trial in every region from April 1, 1997, and full implementation from April 1, 1998.

The White Paper says that the skills and knowledge of primary care professionals need to be reinforced to ensure that they always deliver high-quality care.

"The Government is keen to reopen discussions with the [pharmacy] profession on a link between a minimum level of participation in continuing education and the Terms of Service for community pharmacists, in order to secure a visible means of underpinning continued competence to practice."

The Royal Pharmaceutical Society has welcomed the White Paper's proposals to review medicines prescribing. Secretary and registrar John Ferguson said this week it was helpful that the Government recognised that resource implications had to be considered when promoting the extended role of pharmacists.

The Society is also pleased the Government intended to look at a remuneration structure that would foster best practice. Pharmacists would welcome the proposal for a public education campaign on health.

Mr Ferguson agrees that providers of new pharmaceutical services might need to undergo

The White Paper says that there is scope for a more effective distribution of the pharmacy workforce.

"The Government will follow with interest the Royal Pharmaceutical Society's re-examination of what would constitute a rational distribution of community pharmacies and its intention to discuss skill mixes with other pharmaceutical bodies and employers. Given the increasing opportunities for pharmacists' involvement out of the pharmacy setting, these developments are important."

The White Paper acknowledges that the present remuneration structure, with its emphasis on the number of items dispensed, lacks incentives for encouraging service development. This theme, echoed in 'Pharmacy in a New Age', "is an issue the Government wishes to

specific training. Points made in the White Paper emphasised the need for pharmacists to be included in the NHS IT network.

The National Pharmaceutical Association singles out the intention to set up a working party to review medicines prescribing and supply as allowing an opportunity to explore pharmacists being authorised to prescribe certain medicines.

The NPA is pleased that there is recognition that best use is not made of pharmacists' skills, but says a financial investment will be needed to develop a wider role. The NPA is to consider the implications of linking continuing education to Terms of Service.

pursue". The Government will discuss with pharmacy representatives "how the remuneration system can best fit future needs".

New R&D Support Funding for NHS providers will give primary care practices access to funding on the same basis as NHS trusts. The Government aims to double the proportion of NHS research spending on primary care from 6-7 per cent (\$25m) to 14-15 per cent over the next five years.

Professionals of all disciplines need more opportunities to be involved with research, the White Paper says. The Pharmacy Practice Research Enterprise Scheme, started in 1990, has stimulated broader research, "but more needs to be done".

Other initiatives include:

- support for health authority medical and pharmaceutical advisers, particularly on prescribing matters, through the National Prescribing Centre
- establishment of pharmacy audit facilitators in two regions and an audit development fellow at the RPSGB
- the NHS Pension Scheme will be open to staff employed by GPs from September, 1997
- a package of measures will allow GPs to improve their premises, including new funding arrangements from April, 1997, for health centres to encourage better maintenance and repair
- GPs will be able to provide patients with computerised, up to date personalised information on their condition, treatment ▶

Amendments tabled on Primary Care Bill

Baroness Flather has tabled an amendment to the NHS (Primary Care) Bill to be moved in Committee. It would enable the Society's Statutory Committee to suspend immediately a pharmacist found guilty of professional misconduct. At present a pharmacist can continue to practise for three months before being struck off.

The Statutory Committee would have to be satisfied that the immediate suspension is necessary for the protection of the public. The amendment was accepted at the Committee stage on Tuesday evening.

Baroness Jay of Paddington has tabled an amendment requiring the secretary of state, in deciding standards for additional services, to bear in mind the standards laid down by the RPSGB.



Laughing and drinking can help you drink longer, according to the British Psychological Society (see p874)

- ▶ options and support networks
- an extra \$32m new money for health authorities in 1997-98 will be targeted at services for elderly and mentally ill people and drug misuse services
- \$30,000 will be included in each HA's allocation for local public education campaigns in 1997-98
- a \$2m primary care development challenge fund will be launched over the next 15 months to help HAs, trusts and primary care teams to take forward the White Paper proposals. The fund should enable initiatives to progress in the short-term. Bids for projects will be invited shortly and will be funded 75 per cent by the NHS Executive and 25 per cent locally.

PIANA sees launch of audit package

The Royal Pharmaceutical Society has launched a resource pack to encourage community pharmacists to take part in multiprofessional clinical audit.

The pack, which forms part of the 'Pharmacy in a New Age' agenda, contains two booklets. The first, 'Guidance on involving the community pharmacist in multiprofessional audit', gives practical advice on setting up an audit, and how to find funding.

The second booklet, 'Examples of multiprofessional audit', gives ten sample audits in which pharmacists could play a central role. One example suggests how

to audit the treatment of patients with specific diseases, such as asthma. Another gives guidance on how to audit a preventive regime, such as the use of aspirin in the secondary prevention of cardiovascular disease.

The counterprescribing audit includes a sample form for patients to give their views on whether the medicine sold by the pharmacist helped the condition.

The pack is intended for local policymakers. It will be distributed to HA chief executives, pharmaceutical advisers, directors of public health, LPCs and the Society's branch secretaries.

Tim Astill memorial service

A memorial service for Tim Astill, former director of the National Pharmaceutical Association, will be held at 1.30pm on February 17 at the Cathedral and Abbey Church of St Alban, St Albans, Hertfordshire. All are welcome.

Chemist shoppe

We would like to make it clear that in last week's Christmas Tale, 'The Spirit of Pharmacy Past', the Olde Chemist Shoppe is fictitious and is not a reference to The Oldest Chemist Shoppe, Knaresborough, N Yorkshire.

CPPE report

The CPPE has published its annual report for 1995-96. During the year CPPE provided 700 face to face courses, issued 38,000 distance learning packages, and gained accreditation through the CONTACT Continuing Professional Development Award Scheme for all new CPPE distance learning materials and 15 workshops.

Pharmacy fees up

The premises registration fee increases from £124 to £128 (from £66 to £69 in N Ireland), while retention fees go up from £80 to £82 (£61 to £64 in NI). The Medicines (Pharmacies) (Applications for Registration and Fees) Amendment Regulations 1996 (SI No 3054: HMSO £0.65) also increase the penalty for failure to pay retention fees from £256 to £264 (from £189 to £197 in NI).

NHS info drive

The NHS has launched a programme to look at the way it handles information as part of the NHS White Paper, 'A service with ambitions', published last month. A key area is a look at the way patients can make decisions about their treatment.

Steroid card revision

The steroid treatment card is to be revised, with the updated card published in the spring.

The NHS Executive is seeking views on whether the revised card should contain space for recording changes in dosage, and whether it should be reduced to credit card size.

The current blue card was introduced in 1961, but NIHE considers the card outdated. It also wants to include a warning regarding corticosteroids increasing the susceptibility to infections. This follows the deaths of two children from chicken pox while they were on corticosteroids.

Patients give pharmacy thumbs up

Almost all of the respondents in a local health council survey are satisfied or very satisfied with the service they receive from their pharmacy.

Of 368 respondents in a Forth Valley LHC survey published last week, 48 per cent said they were very satisfied and 50.2 per cent were satisfied.

An anonymous postal survey carried out over four weeks in the summer set out to analyse the public's views of the community pharmacy services in the Forth Valley. The LHC had a response rate of 49 per cent from a mail-out of 750 forms.

Survey co-ordinator Ann Richards says the report is all very positive. It has raised some educational issues, as well as identifying areas within Forth Valley where awareness of services could be looked at.

Other findings include:

- over 69 per cent of respondents visited a pharmacy more than five times in the past year
- almost two-thirds used only one pharmacy for all or almost all of their scripts
- only 30 per cent indicated that they would know how to get 'urgent' scripts dispensed when pharmacies are normally closed

- 97.2 per cent thought a prescription delivery service should be provided for the housebound, the elderly or very ill

- only a third indicated that discussions in the pharmacy about their prescriptions were carried out in sufficient privacy

- subject to confidentiality, 88 per cent of patients were happy for prescription records to be held in the pharmacy

- almost half of respondents were unaware of the system of prepayment certificates for prescription charges.

For copies of the report contact the LHC on 01786 471550.

Prescribing budget put pharmacists' way

The NHS Executive is allowing health authorities to use some of their prescribing budgets for 1997-98 to fund pharmacists with suitable skills to work with GPs on repeat prescribing and/or medication reviews.

Pharmacists interested in providing such a service should get in touch with their health authority as soon as possible, says the NHS Executive. The move follows 17 pilot projects to evaluate close collaboration between community pharmacists and GPs on prescribing issues.

HA's wishing to use some of their budget for this purpose should seek the approval of the NIHE and complete discussions by the end of January, 1997.

The National Pharmaceutical Association's professional development department is encouraging any LPC or pharmaceutical adviser, who is keen to pursue this avenue of funding, to contact them or their local NPA co-ordinator, who could help them develop a proposal.

Anti-smoking programme to start in London

A pharmacy-based smoking cessation study, an extension of the scheme operating in Northern Ireland, is to start in London in the new year.

Kensington, Chelsea & Westminster Health Authority is supporting 18 pharmacies. It is the first health authority outside Northern Ireland enabling pharmacists to take part in the study.

Data from the scheme will be included in research being undertaken by Dr Terry Maguire at the Queen's University of Belfast. Medicines Research Council funding is restricted to the Northern Ireland programme. KCWHA is the first outside NI to find funding to support the study.

Pharmacists will receive £15 per smoker signed up and monitored over three months, says KCW pharmacy facilitator Imogen Savage, the same fee that the participating NI pharmacists get.

Each pharmacist has to recruit

12 smokers who wish to stop smoking, and monitor their progress during the first month with follow-up checks after three, six and 12 months. Smokers will either receive structured advice based on the Pharmacists Action on Smoking scheme, or normal pharmacy services.

When Dr Maguire piloted the study in his own pharmacy, he found that 46 per cent of customers taking part in the study remained stopped six months later. In the control group, the figure was only 6 per cent.

"Research indicates that providing follow-up is a very powerful motivator in helping people stay stopped," says Dr Maguire. "You cannot demand that the smoker comes back, but you must emphasise that this is an important part of the process."

The KCWHA scheme will be officially launched in the first week of January.

That was the year that was ... 1996

C&D looks back over the stories that have shaped the year

January

January kicked off to a critical blast from the Consumers' Association. Incorrect drugs or advice, it was claimed, were given in nearly half the pharmacies visited by covert *Which?* researchers. Superdrug announced plans to open a further 50 pharmacies in 1996.

The Pharmaceutical Services Negotiating Committee pressed the Government for a 6 per cent increase in the global sum. Meanwhile, Boots the Chemists was found guilty of misconduct by the Statutory Committee for providing collection and delivery services in rural areas.

The start of a story that was to run and run – Unichem offered \$547 million in cash and shares for Lloyds Chemists.

February

The Department of Health announced plans for pilot studies of instalment and repeat dispensing. A 2.5 per cent pay offer went down less well. With Resale Price Maintenance on medicines already under attack by Asda, the Community Pharmacy Action Group was formed to counter the chain's PR gambits.

Health minister Gerald Malone offered to act as an honest broker to the rural sores of market town dispensing and the Clothier loophole, and then sat back to watch the two sides slug it out in the High Court. It was no surprise when Gehe put in a \$581m counterbid for Lloyds, but a referral to the Monopolies and Mergers Commission put a spanner in the works ...

March

Capsule manufacturer Scherer launched a High Court challenge to the Government's decision to ban temazepam gel-filled capsules, claiming it would cost the company millions. It lost.

Three more pharmacists foolish enough to buy medicines from unlicensed wholesaler Pierre Schaffer were struck off. Nineteen were hauled before the Statutory Committee in all.

The DoH announced a Prescription Fraud Unit would be cracking down on the patients, GPs and pharmacists thought to be cheating the NHS of \$30m a year.

Pfizer parted with \$23,000 for a mouldy plate. The 2in diameter glass culture dish was signed 'The mould that makes penicillin. Alexander Fleming'.



David Sharpe (bottom left) was the front man for CPAG's PR drive in support of RPM. Unichem's Jeff Harris (with Moss managing director Barry Andrews – top right) precipitated the year's longest-running takeover battle by bidding for Lloyds. The sudden death of Tim Astill in November deprived pharmacists of one of their ablest leaders

PSNC announced its intention to appoint a director ... but has still to do so at the year end.

Pharmacy Healthcare won a tender to provide health promotion services through pharmacies for three years, while in Northern Ireland the rural dispensing guidelines were amended to push the dispensing limit out to 5km.

April

The Scottish Pharmaceutical General Council locked horns with the Scottish Health Department over who should pay for the cost of installing the Scripts prescription pricing system in pharmacies. It also reluctantly accepted a 2.5 per cent pay rise for 1995-96 – only 12 months late. The DoH unveiled a new FP10 form to be introduced from July.

David Sharpe stood down as PSNC chairman to be replaced by Wally Dove. Dean Vincent was the first pharmacist to finish in the London marathon, with a time of 3hrs 20mins.

May

Andrew Burr hit his 50th ... branch meeting, that is, with the avowed intention of motivating pharmacists everywhere. Hills Pharmacy in Sowerby won the *C&D*/Whitehall 'Fit for the Nineties' shopfitting award, and

people a week were given OTC advice by a pharmacist.

NPA director Tim Astill was awarded an OBE.

July

Boots announced it was spending \$300m targeting the 45 per cent of people who suffer in silence rather than self-medicate, and developing seven new store formats. A new independent wholesaler co-operative, the Border Chemists Alliance, went public.

Fed-up with CD-related break-ins, Hartlepool pharmacist Richard Platts relocated to a former Lloyds Bank, complete with bomb-proof safe.

Boots re-opened its Manchester store, damaged extensively by an IRA bomb in June. Lloyds Chemists issued a profits warning, blaming disruption caused by the bids from Unichem and Gehe. The MMC demanded the sale of seven Lloyds' wholesale depots before bids could proceed.

Up to 3,000 pharmacies could close if RPM were to be abolished, warned CPAG. Up to 8.2 million people could be affected by a loss of service, and the cost of people turning to GPs for the treatment of minor ailments could be as high as \$4.7 billion.

August

Cambridge locum Kate Sweeney was waiting for first night reviews as her play 'Monochrome Days'. Another pharmacist playwright, Rebecca Neal, was preparing to take her show to the Edinburgh Festival.

The NPA and the PSNC announced plans for a joint bid for the repeat dispensing pilots. David Davidson was appointed secretary of the RPSGB's Scottish Department following the retirement of Gordon Jefferson.

Pharmacists in Cheltenham were fighting against proposals for a 26-doctor supersurgery.

September

Chemex made a successful move from Wembley to Olympia.

The BPC hit Glasgow, and the 'New Age' evolved into a 'New Horizon'. Preston pharmacist Richard Kershaw was jailed for nine years for making an estimated \$1m of illicit amphetamine.

The first 123 medicine counter assistants to complete the RPSGB's new training requirements collected their CPP certificates – they all used *C&D*'s Cambridge Counterpart course.

Computer supplier Practice Resource Systems caused a furore with plans to launch a repeat pre-

Association of the British Pharmaceutical Industry figures showed pharmaceuticals were second only to the oil industry as a contributor to the UK economy.

Sainsbury announced plans for the first supermarket pharmacies in Northern Ireland. Anne Lewis topped the poll at the RPSGB Council election.

The NIHE gave the amber light to industry-supported disease management schemes, and at the Vantage Convention, Simon Driver told pharmacists: "If you held onto your cars the way you hang onto your computer systems, you would all be driving Morris Minor Travellers."

June

Justice Tucker decreed that out of town shopping centres could be considered 'neighbourhoods', after Boots took Avon Family Health Services Authority to court following its refusal to allow the company to open at Cribbs Causeway.

In St Albans, the National Pharmaceutical Association celebrated its 75th anniversary. Asda's attempt to halve the price of Anadin brought a swift injunction, and its efforts to promote own-label medicines on TV ended prematurely after the ads were deemed to have broken ITC rules.

A study showed that a million

scription management system to GPs (for free) and pharmacists (for a fee). The DoH advised that the reimbursement regulations to make the patient pack initiative more than an expensive repackaging exercise would be phased in by March, 1997.

October

Unipath's decision to market its Persona fertility device only through Boots lost it a lot of friends. An NPA survey showed 45 per cent of proprietors seeking to recruit pharmacy managers failed, despite repeated adverts.

Brendan Kerr and Kath McClelland were the two new faces on the Pharmaceutical Society of Northern Ireland Council. PSNC chairman Wally Dove ruffled a few feathers by telling the RPSGB to mind its own business regarding remuneration.

A drug addict's girlfriend passed herself off as a pharmacist and duped Martindale Pharmaceuticals into supplying her with CDs. The White Paper on primary care proposed changes which meant "the regulations need no longer act as a ceiling to professional development", according to health secretary Stephen Dorrell.

The Office of Fair Trading decided – no surprise – to refer the RPM issue to the courts.

November

David Mills, a Boots' pharmacist, won £1,500 from the Adam Smith Institute for his entry to its annual 'Economy in Government' competition. Ash Pandya and Mahua Das from Health First in London, emerged as winners in the C&D/Glaxo Wellcome 'Practice to People' awards.

The Medicines Control Agency offered pharmacists a role in adverse drug reaction reporting from April, 1997. The Scottish Office agreed to meet the costs of Scripts.

Employee pharmacists met with a view to forming their own association. NPA director Tim Astill's unexpected death shocked the profession.

The Government put another 60 brands on the selected list, and rural doctors lost yet another case when seeking to challenge the Clothier loophole.

Taylor's Pharmacy in Haydock, Lancashire, became the first independent to receive an 'Investors in People Award'.

December

The European Court decided against Merck and Smithkline Beecham in their bid to block parallel imports from Spain and Portugal. The PSNI announced plans to develop its own strategy for the future.

C&D's publisher, Ron Sahnon, retired after 34 years on the title. It's nearly Christmas ... and 1997.

Be better at Business Management

Run your pharmacy the professional way and gain the new Certificate in Community Pharmacy Management from The Queen's University of Belfast

Just follow the free ten-module postgraduate distance learning course produced by The Queen's University in association with Chemist & Druggist and Community Pharmacy, and supported by Smithkline Beecham Consumer Healthcare (PharmAssist)

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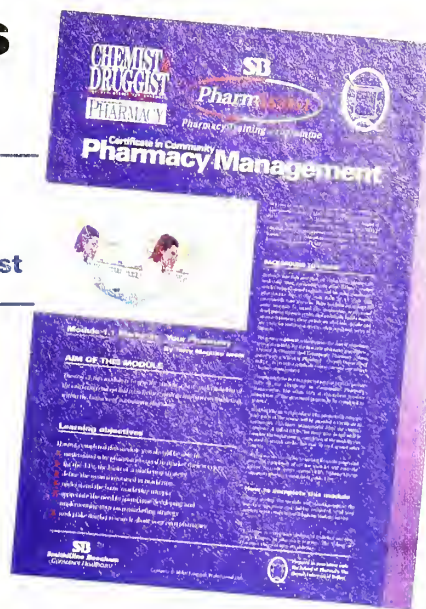
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Stage two of Certification gives you personal access to a Queen's University tutor and puts you into the project phase (which runs concurrently with the modular course). The five projects are worth

a further 50 hours of study time. Costs of all the written material, marking by the University, and Certificate are covered by a £200* fee (you can save £25 by registering for both parts together £275*).

The front cover of the first module "Marketing your pharmacy" (above) with its case study and questionnaire insert (left)



The 1997 course starts here

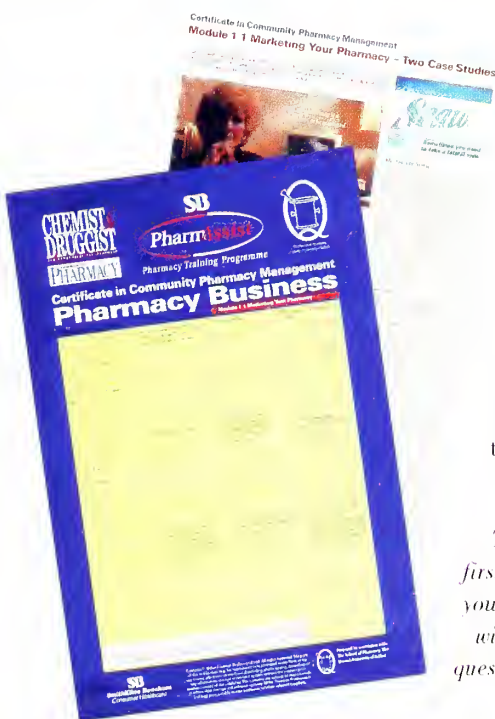
Don't miss out on the opportunity to follow this course according to the University plan, and alongside fellow community pharmacists. You will have received the first two modules before the end of January 1997 (which is when Queen's University will issue the first project work to all fully registered students. Take a step towards better business management today by sending in the form in this issue with your cheque (payable to Miller Freeman plc) to Sue Cheeseman/Claire Newman, Miller Freeman plc, Pharmacy Group Special Projects, Sovereign Way, Tonbridge Kent TN9 1RW.

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(Refunds will be issued by PMSI; you will have paid Miller Freeman)





The practice of prescribing privately

The concept of 'pharmacist prescribing' was recently debated at a London seminar (*C&D* last week, p834) and most delegates seemed to be in favour of the idea. However, I am slightly perplexed because when I analyse my day to day practice, I consider that I am prescribing all the time!

The only difference between my present prescribing practice and that suggested is that I prescribe privately from a range of non-prescription drugs, whereas the seminar was looking at expanding this to a limited list of POM drugs available on the NHS.

The probability of these dreams achieving reality in the foreseeable future are remote, but the ideas do, once again, highlight the waste of resources that occurs by the under-utilisation of community pharmacists. I find it frustrating to spend ten minutes advising a customer who has chosen to consult me and then having to refer them to their GP.

Topical Reflections

It is even more frustrating to see that same customer return some half an hour later bearing a prescription written by the practice nurse because the doctor was too busy to see her!

I feel perfectly able to take on more responsibility for limited prescribing and would be delighted to undergo the necessary extra training and accreditation. Equally, I cannot see this system being adopted within the NHS.

However, this does not preclude its introduction on a private basis, and I do not find the proposition of being able to practise profitability, and with greater professional responsibility, outside of the NHS such an unattractive alternative.

Stop before you start!

Many of the excesses of human behaviour tend to be emphasised during the festive season and in parallel come the warnings of doom, gloom and despondency. Alcoholism, gluttony and office parties vie with one another for prominence, but, predictably, it is always the anti-smoking campaigns that attract my attention.

The post-New Year guilt feeling is a good place to encourage a smoke-free environment and I will be enthusiastically promoting the various smoking cessation aids I have available. In the past year, however, I have not only noticed a decrease in the demand for these products but also a hardening of attitude by those who do smoke.

One problem is that social pressures have so far not affected teenagers, where smoking is still on the increase, with 33 per cent of

women between the ages of 16 and 24 now smoking, compared with 26 per cent for the population as a whole, and where five women every hour in the UK now die from smoking-related disease (*The Guardian*, December 12).

But I will not become disheartened. With a new year should come new resolutions and I would like these obscene statistics of a discredited industry to be the stimulus for a new campaign of health education aimed at both parents and the young to convince them that the best way to combat the perils of smoking is to never start in the first place!

To party or peruse?

The mayhem of pre-Christmas business is followed by the even more hectic tradition of family parties, which in my case always have a familiar pattern of too much food, accompanied by too much wine and games into the early hours.

In my more lucid moments, I often dream of returning to work and a nice peaceful flu epidemic, but this year salvation has just dropped with a mighty thud upon the doormat.

Instead of playing Monopoly with my predatory relatives, I will retire to my study and over a good glass of port read the 'NPA 97 Pharmacy Business and Practice Guide'. Once again, it is a tome of impressive proportions, which also promises a mountain of enlightened reading. I have so far only glanced at a few of the articles, but I am already convinced that, as an alternative to Christmas festivities, there really is no contest. Happy Christmas to you all!

GP PERSPECTIVE

Make or break for the general practitioner?

General practitioners are unhappy. So what's new, some may ask? One of the major bones of contention is the progressive transfer of work, often without adequate remuneration or manpower, from the hospital sector to general practice. One solution to this problem could be the principle of core and non-core services.

A core service is a basic facility that most people would expect their GP to offer to them as patients. This would include activities such as contraceptive services and immunisations, though it's unlikely that travel immunisations would now be considered core work.

Non-core services might well include minor surgery, or being involved in managing conditions that require chemotherapy, or taking part in drug dependence programmes. This division would allow GPs to control their workload by giving them the opportunity of limiting their responsibilities to their patients.

A cap would be placed on the flow of work emanating from hospitals. This concept has struck a chord with many GPs, fed up of being 'dumped on' by the hospital sector.

Recently, a document was issued by the British Medical Association through the General Medical Services Committee. The idea is that this will form a foundation for negotiating the recognition and extra funding of the principle of core and non-core activities.

One of the spin-offs from such a venture would be the restoration in morale within the profession. Although the idea sounds good, there are, of course, potential drawbacks.

If a practice wanted to tender for non-core services, it may face competition from such bodies as hospital or community trusts. They could, in turn, employ GPs or specialists from within their own resources. This could eat away at the basic fabric of general practice, which the concept of core services was meant to protect.

So GP negotiators have to perform a delicate balancing act. On the one hand, they have to tackle the problems of the current open-ended contract and so restore morale within the profession; on the other, a restrictive definition of core services might result in the loss of too much work to other healthcare providers. This issue could be the making – or breaking – of general practice.

By Dr Harry Brown, a GP practising in Seacroft, Leeds.

ADMINISTER THE ANAESTHETIC



Many customers always rely on their pharmacist for advice. And when these customers need relief from sore throats, Dequacaine is one of the strongest recommendations you can give.

Dequacaine contains Benzocaine, a powerful local anaesthetic to numb the pain and the antibacterial ingredient Dequalinium Chloride to help fight infection.

Dequacaine has always been supported by pharmacists and with a proven profitable track record, a recommendation of Dequacaine ensures your services are well rewarded.



Benzocaine, Dequalinium Chloride

MAKE DEQUACAINE YOUR POWERFUL RECOMMENDATION FOR SEVERE SORE THROATS

PRODUCT INFORMATION: Throat lozenge containing Benzocaine B.P. 10mg, Dequalinium Chloride B.P. 0.25mg. **Also contains:** Sodium Saccharin, Levomenthol, Racemic Camphor, Peppermint Oil, Benzyl Alcohol, Colloidal Silica, Liquid Sugar, Liquid Glucose, Invert Syrup. **Indication:** For the relief of severe sore throats. **Contra-indication:** Hypersensitivity to any of the ingredients or to para-aminobenzoic acid and its derivatives. Patients with low

plasma cholinesterase concentrations and taking anticholinesterases. **Precautions:** If symptoms persist, consult your doctor. Not recommended for use in pregnancy and lactation except under medical supervision. Should be used with caution in patients with Myasthenia Gravis. **Dosage:** Adults & children over 12 years: one lozenge to be sucked every two hours as required. Do not take more than 8 lozenges in any 24hr period. Not suitable for children under

12 years of age. **Side effects:** Occasional hypersensitivity reactions and Methaemoglobinemia. **Packaging quantities:** 24 lozenges in a carton. **Legal Category [P] RSP:** £2.25 PL 0327/0063. **Licence holder and manufacturer:** Crookes Healthcare Ltd, Nottingham NG2 3AA. Prepared September 1996. **CROOKES HEALTHCARE**



MEDICALmatters

Laugh and drink for a longer life?

Moderate drinking of alcohol may be good for us because it makes us laugh more, which reduces stress and boosts our immune system, concludes new research.

Previous studies have suggested that moderate drinkers live longer and are healthier than non-drinkers or heavy drinkers. Research in this area has concentrated on the possible biological benefits of moderate alcohol intake, such as an antioxidant effect. However, work by Dr Geoff Lowe of Hull University, presented at a British Psychological Society conference, attributes the beneficial effect to laughter.

It has been shown that laughing can boost the immune system, and a study of 322 social drinkers by researchers at Hull found that moderate drinkers were less stressed and laughed more.

Further work involved two groups of people watching the first 20 minutes of the comedy film 'Naked Gun'. People drinking two bottles of strong lager laughed more than those who were given an alcohol-free version.

Moderate drinkers in pubs and bars were also observed to laugh more.

Dr Lowe says the results may seem obvious, but they help explain the growing evidence for the health benefits of moderate drinking. "It may be that it is not just the drinking that is good for you but the way it encourages laughter."

Mentally ill on remand

Remand prisoners have high rates of mental disorder and illness, which often goes unrecognised and, even when identified, is poorly managed, according to two studies published in the latest *British Medical Journal*.

Of the inmates surveyed in the first study, which represented 9.4 per cent of the male unconvicted prison population, 63 per cent had a diagnosis of psychiatric disorder, including 5 per cent with psychosis. Over half of (55 per cent) were judged to have an immediate treatment need. Although most could be treated by prison health care services, 64 inmates (9 per cent) required transfer to an NHS psychiatric bed.

The authors say extrapolating from these figures suggests that the remand population probably

contains about 680 men who need transfer to hospital for psychiatric treatment, including about 380 who had serious mental illness.

A second study of 569 remand prisoners at Durham prison found that 26 per cent (148 men) had one or more current mental disorders (excluding substance misuse) and this figure included 24 who were acutely psychotic.

Prison doctors and hospital officers only recognised about a quarter of the mentally disordered patients (34) and six of those with acute psychosis. Only two-fifths of patients who required urgent psychiatric treatment were put into the prison hospital. Although some of these may have had their mental disorder treated and identified later in

their remand, the authors' impression from their initial follow-up was that this is unlikely.

The authors also state that the reception screening undertaken by the prison service is neither sensitive or specific for detecting mental disorder. However, they also highlight the potential problem of psychiatric bed shortages if more patients are identified.

● A further study, published in the *BMJ*, reports that adolescents in the care system showed particularly high levels of psychiatric disorder, compared with those living with their own families. One finding of particular concern was that a significant number of adolescents were suffering from severe, potentially treatable, psychiatric disorders which had gone undetected.

Misconceptions, morphine and cancer pain

Although 95 per cent of cancer pain can be relieved with morphine, one in four cancer patients in the UK, amounting to 30,000, die in agony every year, according to speakers at a Napp-sponsored seminar, held in London this week.

Fear and misunderstanding have stigmatised the legitimate use of morphine.

Fear of addiction was the main concern for cancer patients taking part in a recent survey. Perceptions of the dangers of morphine are greatly exaggerated, with a Gallup survey of over 100 people revealing that nearly three-quarters said morphine was dangerous and addictive. Half said that they would be

reluctant to take morphine.

Unfortunately, many doctors tend to underestimate their patients' fears and even share some of their misconceptions. Over 20 per cent of GPs in a recent survey believed that it was not possible to provide complete or acceptable pain relief for the vast majority of cancer sufferers.

However, pain specialists report that 95 per cent of cancer patients can have substantial relief from their pain, and about 90 per cent of this pain can be relieved through oral treatment.

Another interesting finding of the survey is that, although 59 per cent of doctors thought that

patients worried about addiction, only 7 per cent reassured them that it is not a problem.

The expected side-effects of morphine were also overstated by the public, with 57 per cent thinking they would be sleepy all the time, 40 per cent assuming they would not be able to think clearly and only 43 per cent believing they would be able to live a normal life.

Napp Laboratories says it has responded to the need for more information with an initiative called the Morphine Information Service, available to all health-care professionals who care for cancer patients. The Freephone number for information is 0800 120012.

Childhood cancer link to smoking dads

Around one in seven childhood cancers may be associated with fathers who smoke, suggests a new study published in the *British Journal of Cancer*.

It is thought that smoking could be causing mutations to genetic material in sperm, possibly increasing the incidence of cancer.

Using data gathered more than 40 years ago, researchers at Birmingham University compared the lifestyles of more than

1,500 parents whose children had died of cancer before the age of 16 between 1953 and 1955, with a matched group of parents with healthy children.

Men who smoked fewer than ten cigarettes a day had a 3 per cent extra risk of fathering a child who then later developed cancer.

However, this increased sharply with the number of cigarettes smoked – between ten and 20 a day produced a 31 per

cent extra chance in comparison with non-smokers, and at more than 20 a day this rose to 42 per cent.

Although the risk is significantly increased, the total number of childhood cancers is small, therefore a large-scale study such as this was, in fact, necessary.

Researchers corrected for factors such as class, age and exposure of the mother to X-rays during pregnancy.

Black triangle lifted from Cutivate

Following reviews of safety update reports for Cutivate Cream and Ointment, special reporting directives are no longer required and the black triangle symbol will be removed from all materials. Only serious reactions need now be reported from EC countries and serious unexpected reactions from non-EC countries.

Glaxo Wellcome UK Ltd.
Tel: 0181 990 9000.

SB

**Panadol[®]
Night**

now
STARRING
on television



...with a £2.3 million support campaign!

- ★ The market for night-time pain relief is substantial
 - 14.3 million people, one-third of all adults, suffer
- ★ Sufferers want relief
 - 78% of sufferers say they would buy a product to relieve pain and aid restful sleep
- ★ TV breaks January with a £1.3 million burst

So stock up now & watch your sales soar!

SB SmithKline Beecham
Consumer Healthcare

SB House, Great West Rd, Brentford, Middlesex, TW8 9BD, U.K

® Panadol is a registered trade mark

COUNTERpoints

In with the new

Pickles Original Toothache Tincture has been replaced by new Soothake Toothache Tincture (£2.10). Stock is available with cotton bud applicators and shelf edgers.

J Pickles & Sons.
Tel: 01423 867314.

Baby Pure

Following C&D's recent announcement that the Pur and Pur Natur brands are to change distributor comes the news that Royal Industries Thailand, owner of the Pur brand worldwide, has joined together with Babychoice to form a new company, Baby Pure. It will handle the brand's relaunch early in 1997.

Jackel International Ltd.
Tel: 0191 250 1864.

Nicobrevin campaign

Robinson Healthcare's national press advertising campaign for Nicobrevin kicks off on December 30 and adopts a refreshing approach to the 'New Year Resolution'. Targeting 25-44-year-olds reading quality newspapers, it aims to appeal to a more upmarket consumer.

Robinson Healthcare.
Tel: 01246 220022.

Sensiq on the Web

Sensiq by Pierre Robert now has its own Web site @ <http://www.Sensiq-P-R.Co.UK>. Surfers of the Internet will be allowed access to new product information, labelling and ingredient advice, hints and tips, and offers, plus a glossary of terms.

Rimmel International Ltd.
Tel: 01233 625076.

New Numark POS

Numark is backing the film processing business by launching a range of POS material. Working closely with Colourcare, the company has a year-round promotional strategy which is linked to seasonal high points.

Numark Ltd.
Tel: 01827 69269.

New arrival for Vichy in new year

Vichy is launching a hypo-allergenic baby care range next February.

Vichy Pour Bébé is a five-item collection which is enriched with ingredients to build the skin's protective barrier. The products contain Vichy thermal spa water and essential fatty acids.

The range comprises Gel Wash for the Hair and Body, Dermo-Protective Cleansing Milk, Eau de Senteur, Nappy Rash Cream and Protective Nourishing Cream for the Hands and Face. Retail prices range from \$4.95-\$9.95.

Cosmetique Active (UK) Ltd.

Tel: 01235 526747.

Spice boys go with Lynx



Elida Fabergé has added a spicy new fragrance to its Lynx range.

Inca is an exotic variant which combines pineapple, pimento, vanilla musk, sandalwood, cardamom and

juniper. Geranium, myrtle, nutmeg and coriander are also in the formulation.

This warm blend is a departure from the fresh, crisp and revitalising fragrances

which have been popular for Lynx in recent years.

Available from January 1, Inca comes in body spray (\$2.39), shower gel (\$2.19), aftershave (\$7.45), roll on (\$1.99) and deodorant stick (\$2.29).

It will be supported by a \$7 million advertising spend in 1997.

Elida Fabergé's strategy of introducing a new fragrance every year for Lynx has proved to add incremental business to both the body spray market and the brand.

Elida Fabergé.
Tel: 0181 481 6000.

A breath of fresh air from Potter's

Potter's Alpine Herbal Pastilles are new from Jackson's.

They encapsulate a blend of aromatic oils and herbs, including eucalyptus oil and menthol.

The product comes in foil-sealed blister packs

for freshness and convenience (£1.55 for 24).

● Jackson's Zubes (£0.55 for 36g) recently appeared within the 'Best Buys Guide' in the December issue of *Which?*

Ernest Jackson & Co Ltd.
Tel: 01363 772251.

Solid performance from Colour Direct!



Solid Products has launched Colour Direct (\$5.49 per stick), a new hair colorant in solid form.

Colour Direct is presented in a easy to use colour stick. It contains no ammonia or peroxide, so it won't lighten hair.

Each stick contains three full applications, available in a choice of 12 shades.

The launch is currently being supported with an advertorial campaign in

the national and women's press. The brand will be supported by on-going PR activity into 1997.

Solid Products is offering independents an introductory offer of a specially-designed counter display unit, 30 mixed colorants, 30 free Go With The Flow shampoos, a shade swatch book, Colour Direct leaflets and a leaflet holder. The total package cost is \$93.60.

Solid Products Ltd.
Tel: 0131 220 6657.

Prizes to take your cough away

There's a chance to win exciting prizes in Seton's competition, which focuses on the new Adult Meltus Expectorant with Decongestant.

Pharmacists can win \$100 of computer vouchers or one of ten \$50 runners-up prizes.

On the theme of

'Sophie', the Meltus cat who appears in the TV campaign, pharmacy assistants can also win a weekend for two to see the musical 'Cats' in London. There are 50 runner-up prizes of cuddly toy kittens.

Seton Healthcare Group plc. Tel: 0161 654 3000.

Milupa's helping hand for mums

Just produced by Milupa are two new educational videos, designed for health professionals.

Entitled 'Your Developing Baby' and 'Food Glorious Food', the videos are expected to be used in ante-natal classes and on a one to one basis

with new mums and mums-to-be.

This initiative forms part of a \$2.5 million programme for Milupa which is aimed at building consumer awareness on nutritional matters.

Milupa Ltd.
Tel: 0181 573 9966.

Ring in the changes for Nizoral

The start of the New Year will see the launch of a value pack for Nizoral Dandruff Shampoo. The new 100ml bottle will retail at £8.45.

A £2.5 million support package is planned for the brand next year. The initial TV campaign will start on January 20 and will run for six-weeks.

J&J MSD Consumer

Pharmaceuticals.
Tel: 01494 450778.



Coty makes a daring move for the modern girl



Exclamation Dare is the latest youth fragrance to join Coty's successful Exclamation line-up.

Exclamation Dare combines top notes of hyacinth, orange blossom, cassia and ylang; fused with floral middle notes of rose, mimosa, violet, jasmine and cinnamon.

On-shelf from February, the range features

two sizes of eau de toilette, deodorant body spray, perfumed mist and anti-perspirant deodorant. Retail prices range from \$1.99-\$8.95.

The launch is being supported by a \$1.4 million package, including advertising in key youth titles with scent strips and a national bus side campaign.

To support the fragrance in-store merchandisers, headcards, large display bags, hanging mobiles and shelf wobblers have been produced.

Coty (UK) Ltd.
Tel: 01734 302302.

Lip service from Labello

A new formulation for Labello Classic provides a multi-vitamin complex to care for dry, chapped lips.

Classic includes vitamin E and provitamin

B5. It retails at \$1.19.

Like all variants, it is dermatologically tested and preservative-free.

Smith & Nephew Consumer Products Ltd.
Tel: 0121 327 4750.



Classics change for hosiery

Unichem has redesigned the packaging for its range of Classics hosiery. Two styles of pack help in differentiating between the Classic and Premium

Classics lines.

Five new lines have also been added to the range.

Unichem plc.
Tel: 0181 391 2323.

Vitaleyes moisturising drops catches the eye

Ciba Vision has launched a national poster campaign to support Vitaleyes moisturising drops for three weeks

over Christmas and New Year.

New posters will be used next spring.

The campaign is part of

a £1.5 million advertising spend for the brand planned for 1997.

Ciba Vision (UK) Ltd.
Tel: 01489 785399.

ON TV NEXT WEEK

Advil: All areas

Alka-Seltzer: M, LWT, CAR, TT, C4, Sat

Almay's 'Amazing' Lash Mascara: GTV, U, STV, C, HTV, W

Beechams Powders: All areas except U

Benylin Cough: All areas

Colpermin: M

Head & Shoulders: All areas

Meltus: STV, B, G, Y, C, CAR

Nicorette: G, C, A, LWT, CAR, C4

Nurofen Cold & Flu: All areas

Nytol: LWT, CAR

Pantene: All areas except GMTV

Rennie: GTV, U, STV, B, G, C, A, HTV, CTV, W, M, LWT, CAR, C4, GMTV, Sat

Setlers Wind-Eze: LWT, CAR

Solpaflex: All areas except U

Strepsils Dual Action: All areas

Tixylix: All areas

GTV Grampian, B Border, BSKyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

THE ORIGINAL

Fat Magnets

- A patented formula made in England with legal label.
- Each capsule contains more active ingredients than any competitor.
- Two sizes available - 63% of today's customers are buying the economy size - which means Fat profits for you!
- Over 31 'Fat Magnets' press editorials in 4 months!
- 7 times on national television & radio.
- Another 20 national editorials to come.
- Shops are reporting phenomenal sales, some re-ordering 3 times a week!

AS SEEN
ON TV &
NATIONAL
PRESS



FREE

Quality 4 colour in-store promotional pack - includes 50 colour leaflets, leaflet holder, A3 colour window poster, A4 colour counter display.

FAT MAGNETS
- the astounding success
story of '96

Why did
142,793 people
enquire for this
product in 4
days?

The much
acclaimed fat absorbing
FOOD SUPPLEMENT

Now in Harrods & Selfridges - Don't miss this golden opportunity.

TRADE ENQUIRIES

0171 581 7058

- Health food stores can place their orders through Brewhurst 01923 354211.
- NuCare members can order from SIGMA Pharmaceuticals in Watford 01923 250201
- Other information and trade enquiries on 0171 581 7058.

Christmas and New Year closures

● Parke Davis/Warner-Lambert will be closed from midday on Christmas Eve until December 27, and then again on New Year's Day.
Parke Davis & Co Ltd. Tel: 01495 762468.

● Britannia will be closed from midday on Christmas Eve, opening on December 30 until midday on December 31. The offices will then be closed until January 2.
Britannia Pharmaceuticals Ltd. Tel: 01737 773741.

● CP Pharmaceuticals will be closed from midday on December 24 until January 2.
CP Pharmaceuticals Ltd. Tel: 01978 661261.

● The PATA will be closed from 5.00pm on December 20 until 9.00am on December 30.
The Proprietary Articles Trade Association. Tel: 01923 211647.

● William Ransom & Son will be closed from 12.30pm on December 24 until 8.30am on January 2.
William Ransom & Son plc. Tel: 01462 437615.

● Goldshield Healthcare will be closed from 3.30pm on December 24 until 9.00am on January 2.
Goldshield Healthcare Ltd. Tel: 0181 649 8500.

● E Merck and Lipha will be closed from 1.00pm on December 24 until January 2. The last day for despatching orders for delivery before Christmas is December 23.
E Merck and Lipha Pharmaceuticals. Tel: 01455 550911.

● Bioglan Laboratories will be closed on December 25, 26, 27 and January 1.
Bioglan Laboratories Ltd. Tel: 01462 438444.

● The drug information department at Roche will be closed from 1.00pm on Christmas Eve until January 2. In an emergency, call 01707 366000. Prescription medicines order processing will be closed between December 18 and January 3 inclusive.

Customer services will be open until midday on December 24, and will be open between 9.00am and 1.00pm on December 27, 30 and 31.

Roche Products Ltd. Tel: 01707 366000.

● Lina Trading will be closed from December 25 until January 2 inclusive.
Lina Trading Ltd. Tel: 0171 629 4144.

● Kent Pharmaceuticals will be closed from midday on December 23 until 9.00am on December 27. Customers can order on Freephone 0800 220280.
Kent Pharmaceuticals Ltd. Tel: 01233 638614.

● Martindale customer services department will be open on December 27, 30 and 31 between 8.30am and 4.00pm; and on January 2 between 8.00am and 6.00pm on Freephone 0800 137627.
Martindale Pharmaceuticals. Tel: 01708 386660.

● Polyfarma will be closed from midday on December 24 until December 30; and again on January 1. Orders placed before midday on the 24th will be delivered on December 31.
Polyfarma Ltd. Tel: 01703 252600.

● Bristol-Myers Squibb medical information department will be closed from midday on December 24 until 9.00am on January 2. In an emergency, call 0181 572 7422. The Wirral order department will be closed from midday on December 24 until 9.00am on January 2. In an emergency, call 0151 604 2000.

Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0181 572 7422.

● Sandoz will be closed between December 24 and December 30. In an emergency, call 01276 692255. The orders office will be closed from midday on December 24 until January 2. Orders can be placed up to the 24th by calling 0113 259 3444.
Sandoz Pharmaceuticals (UK) Ltd. Tel: 01276 692255.

Futuro offers sporting chance



Beiersdorf has relaunched the Futuro range of health and sport supports.

The products have been repackaged with

an easily-identifiable yellow and black colourscheme, larger product photograph and size code.

Designed to provide

support, fit and comfort, the products help protect against strains and sprains during everyday activities and sporting pursuits.

Beiersdorf acquired the Futuro brand earlier this month and is committed to an investment programme to redesign and expand the range. The elbow and knee supports now incorporate spiral lift.

Beiersdorf UK Ltd. Tel: 01908 211444.

Making faces for the millennium



New from Collection 2000 is Natural Matt Foundation.

This demi-matt make-up is formulated to give a smooth, long-lasting natural finish. Fragrance-free, it is suitable for sensitive skin and comes in six natural-looking shades.

The company has also reformulated Sheer Make-up, with an

improved glide-on formula. Three new colours have been introduced – Blonde (No 12), Beige (No 13) and Almond (No 14).

Both foundations are suitable for all skin types and include silk protein, vitamin E and UVA and UVB sunscreens (\$1.49 for 40ml).

Collection 2000 Ltd. Tel: 01695 50078.

Lighting up with winter windows

Sales of winter remedies are being given an extra boost by Warner-Lambert Consumer Healthcare with a winter window and counter unit promotion.

Featuring eye-catching



graphics and a flashing thermometer, the unit carries Pharmacy products, like Benlynin Four Flu, Benlynin Cough, Benlynin Children's Cough, Sudafed and Calpol.

The promotion also includes an opportunity for a pharmacy to win a holiday worth \$1,500. The prize will be won by the pharmacy that uses the winter window display most effectively.

Entrants should send a picture of their display to Warner-Lambert by March 31.

Warner-Lambert Consumer Healthcare. Tel: 01703 641400.

Cool new shades

Eyecare Products UK is launching its new spring/summer sunglasses for Revlon and Foster Grant from March 1.

The Revlon Sunglasses Collection features 48 models in a variety of metal frames and finishes. Prices start at £12.99 increasing to £49.99.

The Foster Grant range incorporates two new brands – Elite and Sportif.

Elite by Foster Grant is a new couture-inspired range. It features 28 styles for both men and women (prices range from £24.99 to £39.99).

The new Sportif range offers 18 variants in a variety of wrap-around designs. They are light and feature scratch-resistant polycarbonate lenses, some with mirror finishes (prices range from £24.99 to £39.99). Attachable cords are also available.

The 1997 Foster Grant range incorporates a selection of unisex styles. They are available in metal and polypropylene frames, wrap-around designs, with a choice of finishes and lenses. There are 13 variants tailored to drivers and six with polarised lenses (prices start at £6.99 ranging up to £19.99).

Kids by Foster Grant offers a selection of 19 variants tailor-made for 2-12-year-olds. Prices start at £4.99, rising to £6.99.

All Foster Grant and Revlon sunglasses have a three-year replacement guarantee.

Eyecare Products UK Ltd. Tel: 01782 833033.



Facing up to an uncertain future

US pharmacy consultant Tony de Nicola explains why US pharmacists are feeling more nervous than most about the years ahead

While change is certainly the order of the day in healthcare worldwide, the changes happening almost daily in the US have got all pharmacists, independent shop owners, as well as the corporate multiples, employees and employers, concerned about how the profession will be practised and how business will be done in the years ahead.

Witness that, since the beginning of the year:

- almost 2,000 independent pharmacies have closed or been bought out by multiples, reducing the number of independents in the US to an all-time low of around 23,000, less than the number of multiple units
- consolidation of the multiples has placed control of more than 14,000 shops in the hands of just five giant public corporations, with most industry experts predicting that there will only be ten of these corporations controlling the multiples in the US (exclusive of supermarkets and mass merchants with pharmacies) before the year 2000.

- Fox Meyer, the fourth largest wholesaler in the country, filed for bankruptcy in August, and was subsequently purchased by McKesson, which now controls more than \$18 billion worth of wholesale business in the US – amounting to 25 per cent of the entire market.

This makes McKesson the largest drug wholesaler in the world, larger even than Gehe. The top five wholesalers now control almost 90 per cent of all the business in the country, with some 35 regionals scrambling to maintain market share

- Bergen Brunswig, the country's second largest wholesaler, recently announced a merger with Ivax, one of the world's largest generic manufacturers and the owner of Baker Norton. The financial community has reacted unfavourably to this transaction; customers and other generic suppliers are not happy either. This action is directly opposite to that recently taken by Gehe, which sold off its interests in generic manufacturing

- managed care reimbursements, which now total almost 70 per cent of all prescription charges in the US, continue to sink, driving profits in pharmacy to all-time lows

- wholesalers (and others) are offering to purchase inventory and receivables from retailers, selling them more or less on consignment, and controlling what

they carry and, to some degree, what their margins are.

Is it any wonder that US retailers are concerned, and perhaps confused? To top it all, a recent study by a reputable 'think tank' says that if pharmacists don't begin to add more value to the healthcare system by providing higher levels of patient/pharmaceutical care, they will be replaced by automated, computerised dispensing machines, which will receive instructions directly from doctors, or through the mail order dispensing route, bypassing the community pharmacist completely. In either case, the study predicts that instead of 170,000 pharmacists, the US will need only 60,000.

While there are many innovative and worthwhile programmes being developed in the areas of disease state management and pharmaceutical care, which rely heavily on pharmacists' involvement, there are many who question whether or not US pharmacists can and will adopt the necessary changes needed to participate fully in these programmes.

These changes include either reorganising or redesigning their pharmacies to help the process, improving their communications skills, upgrading or perhaps replacing outmoded computer systems and, in general, adopting and embracing change. For a conservative group like pharmacists this will not be easy.

Another major problem is how to get the people in the managed care arena to pay for these services. Health Maintenance Organisations (HMOs) and the other managed care organisations have not yet embraced these concepts, and need to be shown how pharmacists' involvement with patients will, at

the end of the day, save them money overall. This not only includes savings on other healthcare components, doctors, hospitals, and so forth, but savings of lost time at work and lack of productivity.

While there are numerous studies under way to address these issues, no definitive results are available yet, hence the hesitation of all but the most forward-thinking HMOs to even address paying for it.

Innovative independents are striking out in a number of directions to try to carve out their niche in the marketplace. They have an advantage over the giant multiples in that respect, as they can react quickly to marketplace changes and HMOs' demands, restructuring the way they practise if there is a new avenue of profits open to them.

The multiples have the advantage of being much larger retailers, relying on front-shop sales to a greater degree and becoming more merchandise-orientated as it gets more difficult to earn profits in the pharmacy department.

Only the need for access in our vast and highly populous country will speak to the need for so many pharmacies, unless an alternative delivery method is found that really can work. If that were to become the case, the future of pharmacists of all kinds would be at great risk.

Anthony de Nicola is a pharmacist and president of pharmacy consultant A&D Associates. He has 25 years' experience in community pharmacy, owning two pharmacies in New York. He founded and directed the Legend Pharmacy Co-operative, a network of 850 community pharmacies in 15 states for 13 years.

CHEMIST & DRUGGIST 21/28 DECEMBER 1996

PHARMACYupdate

ME controversy

Chronic fatigue syndrome: 'all in the mind' or a 'real' illness? I



An ethical dilemma

Advice on homeopathic medicine poses a problem for a sceptical pharmacist V

Research Digest

Elderly people and their compliance with medication is not a clear-cut issue VI

Oh, no. Not ME!

ME is a disease surrounded by controversy. Is it all in the mind or is it a 'real' illness? Charles Gladwin takes a look at its current status

For more than 200 years the medical profession has been aware of an illness characterised by extreme tiredness and aching muscles.

Victorian terms, such as 'the vapours' or neurasthenia, have been applied to what is now popularly called myalgic encephalomyelitis, or ME.

Although debate has raged over whether ME really exists, the Department of Health recognised it as a "debilitating and distressing condition" in 1991. The World Health Organisation has classified it as a disease of the nervous system.

A recent report from the Royal Colleges of Physicians, Psychiatrists and General Practitioners, published in October, argues that the term 'ME' be abandoned in favour of CFS, adopted in 1988, "which is accurate and free from unproven aetiological claims".

The name ME indicates symptoms of muscle pain (myalgic) with inflammation of the brain and spinal cord (encephalomyelitis). Although the Royal Colleges' report recognises that 'ME' emphasises the physiological aspects of the condition, the inclusion of the term 'encephalomyelitis' "erroneously endorses the existence of a specific pathological process for which, in the context, there is no evidence".

However, by choosing the term Chronic Fatigue Syndrome (CFS), it should be



The majority of diagnosed cases of CFS occur in white women

remembered that chronic fatigue, in general, is seen as a symptom with incidences of between 20 and 30 per cent in the community. Concern has been expressed that 'CFS' could underestimate the severity of the condition, but the report's authors suggest that the term can cover "a spectrum of severity".

Symptoms

The image of sufferers of ME tends to be that of the young adult with a certain degree of affluence ('Yuppie flu'), but it can develop at any age,

regardless of social status.

There are estimated to be between 150,000 and 200,000 sufferers in the UK, or between 1 and 2 per cent in primary care. The majority of diagnosed cases of CFS occur in white women. Patients tend to be between 25 and 45-years-old. However, diagnosis may reflect differences in culture and factors such as access to medical care.

An important criterion for diagnosis of CFS is that symptoms should be chronic, and have lasted six months or longer.



THE COLLEGE OF
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THIS ARTICLE (MODULE 38), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JANUARY 11, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To understand what the term ME encompasses
- To appreciate the impact of ME on lifestyle
- To be aware of both the symptoms and criteria for diagnosis of ME
- To be aware of possible causes or triggers for the condition
- To be familiar with the drugs used in its management and the non-drug options
- To appreciate the importance of self-help and support

The main symptoms are characterised by a disabling, exercise-induced muscle fatigue, myalgia, often a severe flu-like malaise, an abnormal exhaustion unrelieved by sleep, and various mental and sensory symptoms.

These include loss of concentration and short-term memory, dyslexia, nausea, ataxia, light and noise sensitivities, and depressive symptoms. Bladder control and bowel disturbance may also result.

Patients may complain they cannot move for the pain and are not able to sleep properly. Some days the pain can be so severe that even lying in bed is too painful. Body temperature may also fluctuate.

Continued on P111 ►

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◀ Continued from P1

Depression may develop as a reaction to other symptoms rather than as a primary symptom, but is seen in up to 80 per cent of patients.

It is difficult to advise on the prognosis. For some, the illness can improve, with full health returning in time. For others, it can get progressively worse. Often, the illness follows a cyclical course, alternating between periods of illness and relatively good health. Others may improve but not return to full health.

Causes

The real causes of CFS are unknown, but viral infection, either as a cause or a trigger, and chemicals have been implicated. A disturbance in serotonin levels has been established, especially in relation to receptors in the hypothalamus.

Genetic make-up and environmental factors may play a significant part in whether a person develops CFS. Other theories include endocrine disturbances, poor blood absorption in the brain stem, reduced cranial blood flow, or a chronically-activated immune system (upregulation), brought about by infection, stress or other transient traumatic conditions.

In many patients, it is possible to identify elevated titres of antibodies to viral and bacterial infection, such as herpes, Epstein Barr Virus, cytomegalovirus, rubella, enteroviruses and *Borrelia* (Lyme disease). However, serological testing cannot be used for diagnosing CFS, as there is significant overlap with control subjects.

Glandular fever has been believed to develop into ME if not treated appropriately.

Some believe that CFS can be caught, as there have been cases in which more than one member of the family is affected. The current thinking is that it is unlikely that CFS is communicable, either by casual or intimate contact in humans, or that animals are involved in its transmission.

However, patient clusters may indicate that there has been exposure to a common causative agent or carrier. US research indicates that if CFS or its causative agent is infectious, then sufferers become less infectious or non-infectious after the first year. However, the majority of cases occur in single members of family groups.

The Royal Colleges' report says CFS should be regarded as being multifactorial in origin. Evidence for viral infections as risk factors in CFS are limited to the fatigue syndrome following 10 per cent of EBV infections.

A report to be published this month implicates organophosphates (OPs). Professor Peter Behan of Glasgow University says tests on animals and humans show the same abnormal pattern in brain hormone levels in both patients poisoned by OPs and those suffering from CFS.

Of particular concern is the use of OPs found in household insecticides such as dichlorvos and malathion.

OPs are also being implicated in Gulf War Syndrome, another illness characterised by chronic fatigue and myalgia.

Persons with allergies may show some predisposition to CFS, but many sufferers are allergy-free.

Symptoms may fluctuate with the monthly hormonal cycle in women sufferers.

Treatment

Without knowing the cause of CFS, it is difficult to identify effective treatments. The old adage that the greater the number of remedies the less likely there is a cure seems to hold good in this case.

Several methods of treating CFS have been tried using drugs and non-drug therapies, such as cognitive behaviour therapy and psychotherapy. A review concluded that "although there had been reports in limited numbers of patients claiming benefit for various treatments, none had consistently proved to be effective".

Drug therapy tends to be for symptomatic relief. It has included antidepressants, due to the high incidence of depressive symptoms in CFS sufferers, as well as immunoglobulins (Igs) and evening primrose oil with marine fish oil. Polyl poly C is also being studied.

However, the Royal Colleges say: "The list of treatments for which therapeutic claims are made in the context of CFS is a source of concern. There is no systematic evidence supporting any drug regime for CFS."

Antidepressants that have been studied with reference to CFS include fluoxetine, phenelzine and moclobemide. Other antidepressants used include prothiaden and sertraline.

Evening primrose oil has been cited because it contains the essential fatty acid (EFA), gammalinolenic acid. Viral infections can deplete the body's supply of EFA. A controlled study looked at evening primrose and marine fish oil in a ratio of 4:1 given in a capsule (Efamol Marine), with liquid paraffin as the placebo.

Almost three-quarters of those taking the EFA combination in the trial rated themselves better compared to only 17 per cent in the control. It may be that EFAs inhibit viral replication of viruses, which acquire their lipid envelope from the host cell membranes. EFAs may also promote the action of interferon.

Magnesium deficiency was linked to CFS in one study, but this has not been confirmed by others. It seems unlikely that dietary magnesium deficiency can be a cause when the average diet contains a third more than the recommended daily amount of 300mg.

Another study reported improvements in patients given magnesium injections over six weeks. However, magnesium therapy is not widely supported as there is still insufficient evidence.

Folic acid was found to be deficient in 50 per cent of patients in one study, but there is little evidence to suggest other vitamin deficiencies are involved.

Immunotherapy may be of use, but it is not clear whether immunostimulants or immunosuppressants would be more effective. The upregulation theory would support the latter, but if the CFS is being caused by an infective agent, then immunoglobulins may be of use. Trials of Igs have not been conclusive, but some doctors will prescribe intramuscular injections of Igs. Steroids, such as prednisolone, to control upregulation or to increase depleted blood levels of cortisol are discouraged.

The Royal Colleges see no role for Igs, antihistamines or other immunostimulants, saying: "There is no compelling evidence linking immune dysfunction with disability." They would prefer immunotherapy to be given only as part of controlled clinical trials.

However, they are supportive of treating depression and anxiety in CFS patients.

Other drug therapies in

which there is anecdotal evidence of benefit include calcium antagonists in severe myalgia and antivirals.

CFS symptoms can worsen after exercise or other activity. The severe pain that may develop two to three days after exercise deters patients from doing any more.

To exercise or not?

The benefits of exercise in stimulating muscle mass have to be balanced with the increase in metabolites within the muscle which cause the myalgia after exercise. Ultimately, the psychological effects dissuade the patient from any activity and lead to prolonged periods of inactivity.

Patients may, therefore, benefit from a programme in which there is gentle exercise without the need for prolonged rest, avoiding extremes in both activity and inactivity. Although the activity may cause some pain, the patient can expect it to be transient rather than prolonged, as would follow more extreme activity. This forms the basis of cognitive behavioural therapy in which the patient recognises why the pain develops and alters their expectations of the disease and their behaviour.

Complementary therapies have included acupuncture, homoeopathy, herbal treatment or metabolic therapy. Soft tissue massage, reflexology or aromatherapy may be of benefit.

Above all, the patient will respond to an empathic approach. Any doubts that the illness is all in the mind should be discarded, as for them the illness is very real. Use the term for the illness the patient uses – CFS for some patients is too vague, but ME is a 'real' illness.

Bear in mind the medication they may be taking, such as anti-depressants, if asked to counter prescribe. As there is no specific 'cure', be supportive if the patient wants to try alternative therapies. By doing this, the patient may gain a more positive attitude to treating the illness.

CFS in children should be approached in a similar way to adults. However, the situation can be more emotive with the social and family concerns involved.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997

Mistletoe Magic

The fables and fortunes of mistletoe through the ages make for interesting consideration.

Pharmacist **Christine Horden** takes a closer look at this seasonal plant

Legend, coupled with the reports of many dubious herbal experimentalists, provides the highs and lows for mistletoe in a saga documented since the times of the ancient druids. And now this plant may be entering its most exciting phase to date.

Botanical details

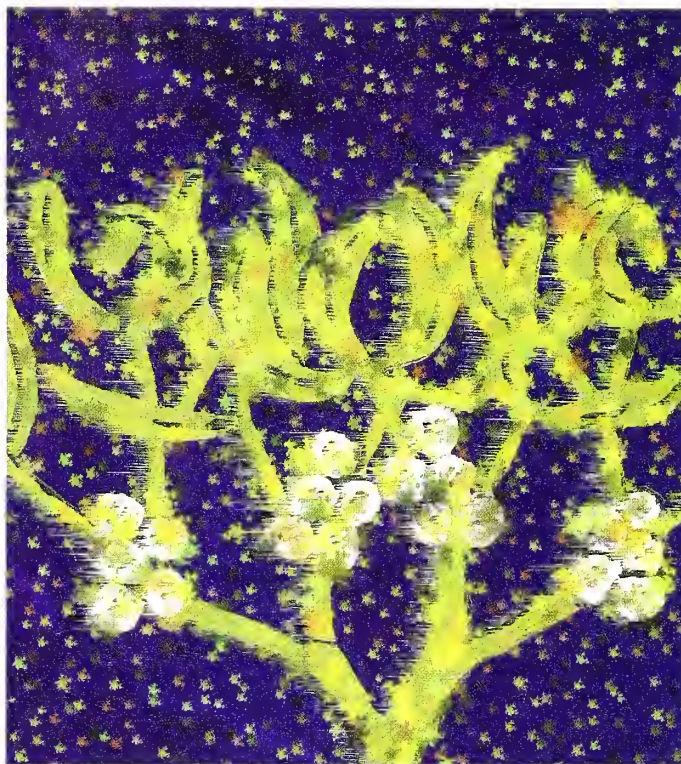
Mistletoe – *Viscum album* – is widespread in Europe and northern Asia. In the UK, it grows in Hertfordshire, Bedfordshire, Derbyshire and the West Country, but is rarely seen in the north or Scotland.

It grows on deciduous trees, with a preference for soft bark. Apple, ash, hawthorn, elm and lime are favourites, but it can even survive the hard bark of oak.

The starting point of growth is the white sticky berry, so familiar at our Christmas festive season. When this comes into contact with living bark it throws out a thread-like root flattened at the end like the proboscis of a fly. This pierces the bark and establishes a root structure of its own within the live bark cells. It extracts cell contents and nutrients to support it, and will thrive to become a substantial pendant bush of 2-5ft in diameter.

It is wholly parasitic – at no time does it derive nourishment from the soil.

In the UK, the mistletoe leaves are tongue-shaped, broadening at the ends. They are thick and leathery, with small foot stalks. The flowers are small and inconspicuous, arranged in threes. Male and female occur on different plants.



Many varieties of mistletoe exist within the *Genus Viscum*, differing according to adaptation required by habitat. For instance, a species in South Africa has minute leaves, whereas an Australian sample is very woody.

In ancient times, it was thought to be an excrescence from a tree, because it could not be grown from seed in soil. It can, of course, be grown by adhering it to a cut in some living bark if desired.

The thrush is a great disseminator of mistletoe, devouring berries eagerly, which is how the Missal thrush acquired its name.

Drawing nutrients from the host, mistletoe cells become extremely nutritious. It has been successfully fed to sheep when fodder has been scarce. An old herbal records that the "sheep ate it with relish" – omitting to clarify the meaning of relish.

Past times

In Brittany, where it grows abundantly, mistletoe is called 'l'herbe de la Croix' – a reference to an old French legend that the biblical Cross

was constructed of mistletoe wood. Its English name derives from missal-tan – tan meaning twig, and missal meaning mist.

Druids would cut the growth from the tree with a golden knife. This had to be at full moon for maximum value, for then the mistletoe would protect its recipients from all ills.

The magical properties ascribed to the plant were quite probably due to some unexplained cures worked by priests and witches. An infusion soaked into bread and applied to the skin as a paste certainly had remarkable healing effects on boils and other swellings.

Shakespeare referred to it as "that baleful mistletoe" – alluding to an old Scandinavian legend: Balder, a Norse god of peace, was slain by an arrow of mistletoe wood. He was restored to life and the mistletoe given for safe-keeping to the goddess of love. It was decreed that all who passed beneath it should receive a kiss to demonstrate that from now on the plant was to be an emblem of love, not hate.

Medically, mistletoe has several uses. An infusion of the whole plant has been used as a diuretic and as a heart stimulant. It is poisonous in quantity.

Establishing the difference between an effective and lethal dose tended to be dicey in the Middle Ages, and the errors which occurred must have prejudiced the reputation of the plant.

Much support was gained in the 18th century for mistletoe in the treatment of epilepsy. Containing alkaloid-type viscins, which have an antispasmodic action, it was the subject of much research by Sir John Coldbatch. In 1720, Sir John published a report of success in treating epilepsy using liquid extracts from mistletoe grown on lime bark. From his work came treatments for other muscular spasms such as St Vitus Dance and cramps.

New phase

The plant's history is fascinating, but mistletoe may now be entering a whole new phase of interest, based on its possible applications in cancer treatment.

Mistletoe grown on apple, pine, oak and elm is used in the form of a specially-processed fermented aqueous extract of the whole plant.

Reports so far suggest a reduction of pain levels and a possible slowing of tumour growth.

Maybe the aim of future medicine will be to see the human as an integral of body, mind and spirit. Bearing in mind that a tumour is the uncontrolled growth of a group of cells, it might seem sense to stimulate the organisation principle governing tissue growth. That is where mistletoe use is aiming.

So, next time you sneak a kiss under the mistletoe, give a brief thought to the druids, priests, herbalists, witches, doctors and now researchers, who have all, at some time, ridden the roller coaster career of this extraordinary plant.

Is honesty the best policy?



Source: Photo Library

If a pharmacist believes homoeopathy is bunkum, how should they deal with a customer asking for information? Should they give an honest opinion, or lie to support the doctor's position. Ruth Rodgers, an independent pharmaceutical consultant and formerly of the ethics department of the Royal Pharmaceutical Society, considers both points of view

have handled the whole situation better.

Supportive approach

Although Gail is not personally committed to the principles of homoeopathy, she recognised that Tom has a right to obtain sufficient information to assist him in making his own decisions. Dr Gerrard is new to the area, but Gail knows him to be a medically qualified homoeopathic practitioner. Tom had already tried other treatments and Gail thought perhaps there would be little harm in him trying something different on this occasion.

She explained she was not an expert on the subject, but

suggested Tom look at some information before deciding what to do. As a matter of courtesy, she contacted Dr Gerrard to tell him what she had done. He seemed to welcome her comments and suggested they meet to agree how such instances could be handled on future occasions.

Tom returned, saying he had read several books in addition to the information supplied by Gail and was now willing to give it a go.

Official view

The conflict occurred because Gail wasn't sure where her duty lay. Often a pharmacist equivocates to maintain the status quo and not upset the

doctor, yet the Code of Ethics is quite clear that her prime duty is to look after the interests of the patient.

Honesty about her own views was definitely not in the best interests of the patient on this occasion, indeed it was questionable whether that was really what Tom wanted. He may simply have been seeking unbiased information to help him make up his mind.

In addition, Gail needed to be careful not to undermine the patient's confidence in his doctor without good reason. Obviously, if she were convinced that the treatment would be harmful, she would clearly have a duty to take appropriate action, possibly reporting the doctor to his own professional body.

Unless her refusal to dispense had been backed up with facts to support her opinions, Gail could leave herself open to a service committee inquiry for failing to comply with her Terms of Service and a complaint to the RPSGB in relation to the lack of care for her patient.

A courteous approach, acknowledging the rights of others to hold a differing view, is essential. An ability to explore different approaches combined with skilful communication enables the pharmacist to temper truth with understanding to arrive at a satisfactory conclusion for all concerned.

Postscript

Dr Gerrard was pleased to hear from Gail and to have an opportunity to work with her. He could understand her viewpoint, but was pleased to see that she was able to take an objective stance.

When they met, Gail was able to indicate that while she felt that there was little harm in Tom using the remedy, there may be other times when she might be more concerned that an allopathic remedy was essential for the patient's welfare. Dr Gerrard indicated that, for many years, he had been combining the use of both forms of medicine, but, whatever the case, he would rather discuss the matter with Gail than for either of them to be professionally compromised.

After their discussion, Gail decided that she should learn a bit about homoeopathy. Although she could not put her faith in the system, understanding it would help put it into perspective and enable her to give better advice to her customers.

Tom Wilson came into the pharmacy with yet another prescription for his psoriasis. Tom has suffered with this condition for several years and, despite having tried many therapies, has yet to find one which really suits him. This latest prescription was for a homoeopathic remedy and, as he handed it in, he asked if he could have a word with the pharmacist.

He was a little doubtful about the new treatment prescribed by Dr Gerrard. The detailed and complicated directions he had been given suggested it was unlike anything else he had tried. In the past, pharmacist Gail Johnson had provided him with information and advice, and he wanted her opinion before he started the treatment.

Gail wasn't sure how to respond. On the one hand, she had a good working relationship with all the local practitioners, which she didn't want to jeopardise by rubbing the treatment; but on the other, she was concerned that by going along with Dr Gerrard she was supporting homoeopathy, something in which she had no faith at all.

Honest approach

In the end, she decided to give Tom her honest, personal view. That was, after all, what he was asking her for, wasn't it? She told him she did not believe there was any scientific basis to the treatment and that he should go back to Dr Gerrard and insist he provide a prescription for some 'proper' treatment. Tom took the prescription back and made another appointment to see Dr Gerrard.

Gail thought that was the end of the matter, but was shocked to receive a visit from Dr Gerrard, furious that she should have undermined his professional relationship with a patient. He told her that he would be making an official complaint. Gail explained that she did not believe homoeopathic remedies were efficacious and that when asked directly for her views, she could not advise a patient otherwise.

Dr Gerrard left saying that he did not think her actions were professional and that in future he would recommend his patients to other pharmacists who were happy to dispense his prescriptions. After Dr Gerrard had left, Gail wondered whether she could

Medicines and the public

It is easy for those health professionals, and pharmacists in particular, who have been actively involved in promoting rational prescribing and safe use of medicines for many years to be unaware of the progress being made. A survey by clinical pharmacologists in Southampton now provides reassurance and raises some concerns.

A postal questionnaire of 400 adults repeated a survey conducted in 1984 to determine the impact of changes in healthcare over the subsequent decade. Forty-seven per cent of respondents reported taking a prescribed medicine within the previous month; the proportion of women doing so was unchanged at around 50 per cent, but more men now did so than in the 1980s (44 versus 34 per cent).

Medicine consumption was significantly more common among the over-65s than in younger adults (65 v 41 per cent) and, although numbers were low, the use of respiratory medicines increased (from seven to 19 users) compared with 1984.

The message on safe disposal of medicines seems to have got through because the proportion who now said they would return unwanted medicines to the GP or pharmacist increased from 17 to 34 per cent. However, 30 per cent still said they would either throw away or keep unwanted drugs. Almost two-thirds said they had received



a patient information leaflet, though most had failed to learn much from it. Seventy per cent knew none of the adverse effects their medication might cause and the rest were aware of an average of only one or two adverse effects. Most worrying, leaflets provided

with NSAIDs had no discernible impact on respondents' knowledge. More work is needed to determine how best to convey information about the risk of adverse effects, the authors conclude. *British Journal of Clinical Pharmacology* 1996;42:567-71

Complementary medicine and people with cancer

Why do people with cancer use complementary therapies while they are receiving conventional medical treatment? Australian oncologists asked 319 patients attending clinics about their experiences of conventional medicine and whether they had also tried other forms of treatment. Most had undergone chemotherapy, radiotherapy or surgery.

At the outset, 85 per cent had believed they would be cured or live longer as a result; when treatment was completed, 63 per cent still felt this way and 8 per cent said it had been of no benefit or made them worse. Nevertheless, three-quarters of respondents were satisfied with conventional treatment and only 3 per cent dissatisfied.

Around 20 per cent said they were also using complementary therapies. They tended to be younger and less satisfied with conventional treatment. Therapies included relaxation or meditation, diet, high-dose vitamins, positive imagery and faith healing. Only 14 per cent tried homoeopathy, but 75 per cent had tried more than one therapy.

The commonest reasons for using these therapies were that they gave another source of hope; preferred natural therapy; believed that they are not associated with adverse effects; and a supportive practitioner. Most had found out about the therapies from friends or family, or their own research.

When starting a complementary therapy, 73 per cent of users believed it would cure them or prolong their life. By the end, 49 per cent still believed this; 10 per cent said they were worse off or had gained no benefit, but 70 per cent expressed overall satisfaction. The average cost of complementary treatment was £265 up to £10,000, but most felt they received good value for money.

Only half of respondents said they felt able to discuss complementary therapies with their doctor. Although its use did not correlate with initial expectations of conventional treatment or impressions at the end of treatment, many people had unrealistic expectations of its benefits. *Medical Journal of Australia* 1996;165:545-8

Repeat prescribing on the up

Repeat prescribing is an inescapable fact in general practice: automated routine prescribing, for those whose medication does not change, frees valuable nursing and consultation time for others with acute problems. However, unless properly monitored, there is a risk that the system will perpetuate unnecessary prescribing and increase wastefulness.

A four-year national survey of 115 practices which use AAH Meditel's computer systems has confirmed the enormous scale of repeat

prescribing and highlights the potential for inefficiency.

The proportion of prescriptions which were repeats was constant over the years at around 75 per cent, accounting for 80 per cent of total expenditure – over £32 million in 1993. There were no differences between fundholding and non-fundholding practices, or between dispensing and non-dispensing GPs.

Repeat prescribing was more common for older patients, rising from 50-60 per cent of 15-44-year-olds to 70-90 per cent in older people. Most also received acute

treatment, but a quarter of elderly patients received repeat prescriptions exclusively. Over 90 per cent of prescriptions for NSAIDs, anxiolytics or hypnotics for the over-55s were repeats.

The authors note that practice computers have significantly contributed to the scale of repeat prescribing but they also hold the key to proper surveillance: since most elderly patients receive repeat prescriptions, regular and comprehensive monitoring is essential. *British Journal of General Practice* 1996;46:649-53

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THE CHEMIST & DRUGGIST OTC HEALTHCARE REPORT 1997

The Definitive Market Report on OTC Medicines in the UK
In Association with MTI Ltd

Miller Freeman, publishers of the leading pharmacy magazine *Chemist and Druggist*, is to publish the definitive report on the UK over-the-counter pharmaceuticals market - *The Chemist & Druggist OTC Healthcare Report '97*. This detailed 350 page report, which has been produced in conjunction with the leading healthcare market research company *Market Tracking International*, contains both a comprehensive analysis of the developments currently influencing the total market and a series of individual studies of the main OTC categories.

OTC medicines represent an increasingly attractive market as the pharmaceutical industry faces challenges in its main ethical drugs business from cost controls amongst health authorities right across Europe. Growth in private expenditure on OTC medicines fits well with government initiatives to reduce pressures on the NHS drugs bill, while the scope of the OTC market has been widened by switches from Prescription Only Medicine Status to P (pharmacy only status), or from P to General Sales List status, for an increasing number of drug products. At the same time, with resale price maintenance in OTC medicines currently under direct pressure from some of the UK's powerful grocery multiples, and with the pharmacy trade about to see further consolidation in the imminent sale of Lloyds Chemists, this report appears at a particularly appropriate time for the dynamic OTC healthcare market.

Market Intelligence from the Forefront of the OTC Healthcare Industry
Miller Freeman is the largest and most important source of news and information on the OTC healthcare market and pharmacy retailing in the UK. Market Tracking International is one of the leading market research organisations in the healthcare field, and has previously worked with Miller Freeman on the *UK OTC Healthcare Report 1994/1995*, *European Healthcare Markets 1996*, and the *Miller Freeman Pharmacy Surveys 1994 and 1995*.

- Key features of the report**
- Analysis of total market size and trends
 - OTC medicines and the NHS drugs bill
 - Impact of POM to P switching
 - Resale Price Maintenance Issues
 - Detailed price trends by category
 - Profiles of 28 product sectors, including retail sales trends, market segments, advertising, brand leaders and future prospects.
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 - Market forecasts - the total OTC medicines market and individual product sectors 1997-2000

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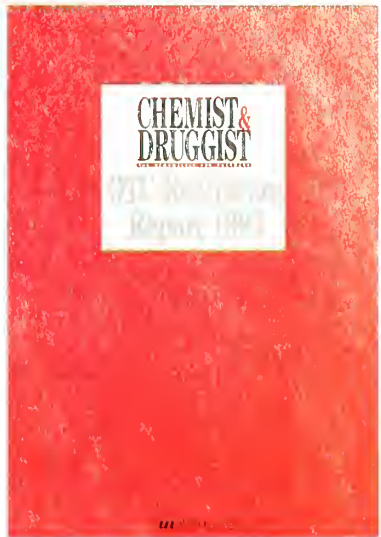
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350 pages packed with up-to-date analysis of the major issues influencing the future of OTC healthcare in the UK, plus extensive market information and data on all the main product categories, makes this THE most comprehensive and cost-effective market research report available on the OTC Healthcare sector today.

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Please return to Elaine Steel, Chemist & Druggist, Miller Freeman, Sovereign Way, Tonbridge, Kent TN9 1RW

The elderly and compliance

It is almost a truism that the elderly have difficulty coping with treatment regimes comprising multiple medication and frequent dosing, but a study of patients aged over 75 in one Yorkshire practice suggests the issue is less clear-cut.

A trainee GP interviewed 80 patients who were not acutely ill or in a nursing home.

Twenty-one per cent were taking no prescribed drugs; the rest were taking a total of 206 medicines (mean 2.7 per patient), including cardiovascular drugs, analgesics and antidepressants, and antacids, laxatives and cimetidine. Half were also taking OTC drugs, including laxatives, vitamins and analgesics.

Two-thirds of patients could name their prescribed drugs and 72 per cent understood

why they were taking them, though knowledge was better for some drugs (laxatives) than others (diuretics). Most correctly recalled the prescribed dose without reading the label and, although they gave the wrong dose for 51 drugs, this included 21 analgesics for which the label stated only 'take as required'.

Three-quarters of patients claimed to take their medication according to instructions. When uptake of repeat prescriptions was evaluated from the practice's computer records, poor compliance was found in 20 per cent of patients, but two-fifths of these claimed to adhere well to their treatment regimes. There was no correlation between poor compliance and living alone

or number of medicines. In several cases, there was symptomatic evidence of poor compliance – for example, tiredness when not taking sufficient thyroxine or gritty eyes when not using hypromellose eye drops.

Half of patients reported difficulties with their medication, the commonest problem being removing child-proof closures; as a result, some left the top off the container all the time.

This survey shows that most elderly patients in this practice cope well with their medication; some increase their medication intake with OTC drugs. However, a minority have significant problems and a few believe they cope better than they do. *Postgraduate Medical Journal* 1996;72:671-6

What happens after epilepsy relapse?

People with epilepsy who take anticonvulsants say their quality of life is impaired by adverse effects. It is important that medication is used only when essential and, in those who have been free of seizures for several years, it may be possible to stop treatment. In 1991, the Medical Research Council showed that when medication was slowly withdrawn in patients who had been seizure-free for two years, 48 per cent experienced recurrence, compared with 33 per cent of those who continued treatment.

The 409 patients from the MRC's study in whom seizures recurred were followed up for a median five years. One-third experienced only one seizure and 32 per cent had multiple seizures (compared with 20 per cent of controls who maintained treatment).

Overall, the risk of seizure recurrence within one to two years was doubled by discontinuation compared with ongoing treatment, but thereafter the increase in risk was slight. The risk of seizures was not increased in those who had reduced or stopped medication but began treatment or increased the dose when seizures did recur.

This follow-up shows that many people can discontinue anticonvulsant medication with no recurrence.

Epilepsia 1996;37:1043-50

Research Digest, looking at current developments in medicine, is written by drug information specialist Steve Chaplin MRPharmS.

OTC drugs: a source for self-poisoning

OTC purchases have become an important source of drugs used in suicide attempts, according to an analysis of patients treated over a nine-week period in Leicester Royal Infirmary.

Of over 19,000 patient episodes in the accident and emergency department, 409 (2.1 per cent) were due to accidental or deliberate poisoning. Half of the 83 cases of accidental poisoning involved household products and plants ingested by children; the rest were due to drugs – the commonest being para-

cetamol. Of the 326 deliberate self-poisonings, 42 per cent involved OTC drugs and the commonest was again paracetamol, accounting for 116 cases or 29 per cent of all drug ingestions. Other frequently-used drugs included benzodiazepines (13 per cent), antidepressants (11 per cent), and aspirin and NSAIDs (13 per cent). Compound analgesics, for which management is complicated by the presence of opioids, accounted for a further 10 per cent of cases. The most frequent intervention was administering acti-

vated charcoal (55 per cent), signalling a decline in the use of gastric lavage (10 per cent) and emesis (3 per cent).

The authors compared their survey with a study conducted in the same hospital in 1984, when the proportion of cases involving OTC drugs was only 28 per cent. These findings illustrate the importance of the Medicines Control Agency's proposal to limit the pack size of paracetamol. Most people are unaware of the toxicity of this analgesic, the authors say. *Journal of the Royal Society of Medicine* 1996;89:608-10

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Johnson & Johnson MSD**, *C&D*'s readers can self-test their progress by using the multiple choice question paper to be inserted in the January 11 issue, which will cover this week's CPP-accredited module, together with those in *C&D* December 7.

A faxback service for all modules and associated MCQs operates by phoning 0891 444791 from a fax machine (premium rates apply), then keying in: 01* for module 1 02* for module 2, etc.

To obtain back copies of the

MCQs phone the same number, then key in the relevant code for the particular month required:

- 70* for January. Modules 1, 2 and 3 (Communication skills, Rheumatoid arthritis and ACE inhibitors)
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- 73* for April. Modules 11 and 12/13 (Constipation and Methadone/Methadone supervision)
- 74* for May. Modules 14, 15 and 16 (Beta-blockers, Cystitis

and Palliative care and Palliative care drugs)

- 75* for June. Modules 17, 18 Part 1 and 19 Part 2 (Responding to symptoms, Drug interactions I and II)
- 76* for July. Modules 20, 21 and 22 (Malaria, Headache and Drugs in sport)
- 77* for August. Modules 23, 24 and 25 (Indigestion I, Sexually transmitted diseases and Cannabis)
- 78* for September. Modules 26, 27 and 28 (Indigestion II, Diuretics and Eating disorders)
- 79* for October. Modules 29, 30 and 31 (Coughs & colds I, Inhaler devices and Chinese herbal medicine)

- 80* for November. Modules 32, 33 and 34 (Coughs & colds II, Hallucinogenic drug misuse and Stimulant drug misuse).

- 80* for December. Modules 35, 36, 37 and 38 (Irritable bowel syndrome, Acne, Lower back pain and Chronic fatigue syndrome)

If you would like more information about enrolling in **Pharmacy Update's** marking service or the faxback retrieval, phone Cynthia Anderson Doble on 01732 364422 ext 2269.

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Consumer Pharmaceuticals

(\$1.035m), reaching \$1.115m last year with a 9 per cent net profit. The NHS/counter split of this pharmacy was about 80:20, most of the growth in recent years due to Mr D's strategy on prescription items, which were 9,000 per month 18 months ago.

The shop has 900sq ft of selling space in a busy High Street and, although Mr D was enjoying a handsome bottom line, counter sales at \$290,000 per annum were hardly turning a profit. Including OTC medicines, which represented more than half of the sales, counter lines had a worrying 2.5 stock turn per year. It didn't need a 'Mastermind' winner to conclude that either Mr D was vastly overstocked or that he was trying to sell the wrong products – or both.

It turned out, after much analysis, that it was a combination of the two. For example, \$70,000 worth of agency products providing \$70,000 in turnover – 'Oh dear'. Toiletries, on the other hand, occupied half the shop space, but represented only one eighth of the gross profit of countersales – 'Oh dear' again. The saving grace was, of course, OTC medicines, occupying a quarter of the space, providing 51 per cent of the gross profit and turning over more than eight times a year.

I recommended that Mr D took some important steps to remedy this situation. The business looked like a large chemist shop and perfumery, with a pharmacy at the back. Since nearly 90 per cent – or over \$1m worth – of the turnover was from patients, it had to be turned into a healthcare pharmacy, majoring on healthcare, retaining toiletries as a service and making the substantial perfumery turnover more profitable. Easy to say, not easy to do, but worth doing when there is this kind of potential.

A year has gone by, and during this time Mr D has taken action. But you cannot change a busy shop overnight.

Toiletry products and general lines no longer dominate half the shelf space, but less than one quarter, and a good-sized baby care gondola display has been established.

As suggested, healthcare and OTC medicines have expanded – in fact more than doubled – with a substantial vitamins and supplements section in place.

Agency cosmetic and perfume lines cannot be sold off at half price in the 'dump bin', but Mr D

is getting this situation under control slowly by not replacing slow-moving stock, deleting agencies that are not cost-effective and whittling away at the stock figure. It will take quite a while to get stock down to a cost-effective level.

Importantly, the shop looks much more interested in patients than in shoppers, so what has this re-organisation done for the business?

Turnover has risen to \$1.21m, an increase of \$130,000 (12 per cent) over the previous year – a splendid result. Expenses and purchases remain about the same, but not surprisingly net profit is well up. Mr D is delighted with this result, of course, and knows that there's still work to be done to make the pharmacy more efficient. A true reflection of his success can be seen in scripts, which have broken the 10,000 per month barrier, up 12 per cent from the previous average of 9,000 items per month.

Not all good news ...

By now you may be thinking that either I need only a few hours in a pharmacy to find a way of putting \$100,000 on the takings or I've hand-picked these particular examples.

As you can imagine, results like these are very satisfying and depend much on the proprietors putting the recommendations into effect – rarely an easy job. Of course, it doesn't work this well every time and occasionally suggestions are ignored.

Take, for example, Mr T's large main road pharmacy – likened in the *Business in Focus* article to a mighty battleship, which is now beached on a sand bank, holed below the waterline.

The cruisers that put this pharmacy out of action were the health centre, that relocated from close by to a mile away, and the new pharmacy that opened near the GP's and next to the supermarket. Mr T's ship was left in the wrong place, still able to fire its guns, but unable to move into the battle area.

If the surgery hadn't moved and if there wasn't any new competition, Mr T would also be in the \$1m a year turnover bracket. But they did – and unfortunately he isn't. Two years ago, the gross takings in this shop were \$300,000 per annum and falling. Net profit was under 7 per cent and also going down.

Two serious options appeared

to present themselves. Firstly, to become an 'open all hours' pharmacy to catch both the late main road traffic and also those who couldn't get their prescriptions filled at the new pharmacy.

A sub-post office was closing half a mile away. There was a chance that Mr T could have secured the licence for his shop, as he has the room, and become the only post office for miles around, with all the customer traffic opportunities which that offers.

A third suggestion was to revamp the layout and change it from a chemist shop into the area's healthcare 'oasis', turning most of the shelf space over to medicines and health products.

Since my visit and recommendations, Mr T has taken no action. The business has continued to decline. He has made a decision, however, to take up my third suggestion, which in itself will provide the local population with a classy, more professional pharmacy alternative to the newcomer, which resembles an eastern market.

In addition, he will add aids for the handicapped and a consulting room for other healthcare professionals. It may be too little too late – I sincerely hope not.

A heart-warming tale

We end with a tale that will please every community pharmacist, with one possible exception – the pharmacist practising within the supermarket's in-store dispensary, which threatened to be such a problem to the local independents at the beginning of the year.

Mr Y was one of two Davids looking at the prospect of Goliath. The Goliath in question had built a superstore next to the eight-doctor health centre and purchased the licence of the third independent.

With the opening of the pharmacy imminent, Mr Y believed that with the right strategy he could increase his share of the local prescriptions, while the other independent thought that the end was nigh.

Although he was one mile from the health centre, Mr Y provided a good service. Although there was convenient parking, he believed that a lot of the locals didn't know of his location in the middle of an established housing development. A major communications programme was sug-

gested. It was decided that Mr Y had to communicate effectively and quickly with those customers and patients of the pharmacy that was about to close.

His objective was clear – to persuade those looking for new pharmacy services to drive or walk to his friendly pharmacy a mile away, rather than the glitzy new one across the road from the health centre.

Practice leaflets were distributed, along with leaflets advertising delivery service. The delivery service was reorganised to cope with the anticipated higher demand from new patients who

were living some distance from his pharmacy. Local newspaper advertising was also used.

I predicted that if Mr Y got it right, his turnover, which had experienced a modest 8 per cent growth over the previous year, would get a real boost and he should be able to take 1,000 prescription items away from the supermarket pharmacy in a year.

Before all of the activity, his NHS/counter split was 80:20. It has now firmed up to 86:14. Scripts have rocketed from 2,850 items per month to 3,850 in six months and gross turnover for the six months February to July this year is \$220,000, up \$55,000 – a superb 33 per cent.

This is an achievement beyond all expectations. It's a great credit to Mr Y's optimism and fast footwork in a situation where many others would have waited to see the effects of the threat.

It's a rare victory for a 'good little-un' who has been able to give a 'rich big-un' a bloody nose.

Put your business in focus

Does your business have potential? Are you searching for ways to boost turnover and profit? *C&D* is looking for pharmacy businesses to feature in its popular **Business In Focus** series. Experienced pharmacy consultant John Kerry will visit your business and look at how it can be improved. His analysis is published in *C&D*, but your anonymity is assured. If you want your business to be reviewed, write in confidence to Guy L'Aimable, business editor, *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW, or phone 01732 364422 ext 2231.

The business looked like a large chemist shop and perfumery, with a pharmacy at the back

The shop is run by a team that epitomises what patient care and service is all about

Lemsip's 12 Weeks of Christmas - Week 12



At last, it's time to relax and recharge your batteries! Our grand Christmas prize from Reckitt & Colman in the Lemsip Countdown to Christmas campaign is a weekend break for two at Ragdale Hall Health Centre.

In the last 12 weeks, we've taken you through the range of Lemsip products. In the run-up to Christmas, sales of cold and flu products will have started to pick up, but the season is far from over.

As consumers now demand higher levels of efficacy from medicines, it is important for you to offer remedies that will work fast and effectively to relieve the symptoms, while maximising profit. Lemsip, the top-selling hot drinks remedy for colds and flu from Reckitt & Colman®, has come up with a comprehensive range of products to help alleviate the symptoms of colds and flu fast.

Reckitt & Colman hope you have enjoyed the Lemsip 12 Weeks of Christmas, and wish you all a very peaceful Christmas and a happy, profitable New Year.

For the chance to win a weekend break for two at Ragdale Hall just answer the following question.



Q Lemsip's new television advertisement focuses on man's obsession with one thing. Is it:

- comfort?
- speed?
- taste?

Send your answer on a postcard to: Lemsip/Chemist & Druggist Competition, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW by January 11.

See you next week. Watch this space!

The Lemsip range is manufactured by Reckitt & Colman Products at Dansom Lane, Hull HU8 7DS from whom further information is available on request.

Lemsip is a trademark.

Rules

1 The competition is open to pharmacists only. 2 Only one entry per person written on a postcard will be accepted. 3 The competition is not open to employees of Reckitt & Colman, Miller Freeman or their agencies or relatives. 4 Entries received after January 11, 1997, will not be eligible. 5 The first correct entry drawn at random after the closing date will be awarded the prize as stated. 6 The judges' decision is final and no correspondence will be entered into. 7 Reckitt & Colman reserves the right to use any submissions for future publicity. 8 No cash alternative will be offered. NB Entries will be drawn after two weeks - any late entries will not be eligible.

Search for director for PSNC is cause for concern

It is with considerable alarm and dismay that I write to you concerning the activity that has surrounded the creation of the post of director of the Pharmaceutical Services Negotiating Committee.

My information is that £30,000 will be paid in the current financial year to a recruitment agency to track down and find a suitable candidate to fill this new post. We are all aware that the PSNC has found it necessary to ask for a 9 per cent addition to the original budgeted levy for the reasons given in PCL (S) 76/96 and it would be difficult to challenge them on most of the stated reasons.

However, I, and all the members of the South Thames Forum, take a different view of both the expenditure committed to date and that promised in 1997/98 on the search for a new 'messiah'. Of the candidates put forward in the initial trawl, none has fitted the post, so contractors' money has been wasted.

Despite this, the PSNC has voted to commit further funds of an unspecified amount to widen the net and hope that a saviour will appear. There has to be some accountability for this expenditure and the 11 LPCs that are members of this forum would welcome an early explanation. Perhaps the advantages of a director could be explained to, and thoroughly debated by, the LPC conference on March 3?

It would appear that the new chairman, Wally Dove, the Committee and its officers all seem to be working together and there is no lack of commitment. Do we really need to go on searching for some expensive leader who may not exist?

Andrew McCoig
Chair, South Thames Forum

Rent videos for your health

I read with interest the article entitled 'Healthy Challenge' by Alison Strath in the December 7 issue of *C&D*, during which she mentions the Pictures of Health video service.

Your readers may be interested to learn that Pictures of Health is no longer operating, but has been replaced by the Healthcare Video Service, which is available free of charge to pharmacists with in-store TV and video equipment.

Anybody interested in receiving this monthly tape should contact me at the address below or telephone 01457 874990.

Michael Johnson
80 Chew Valley Road,
Greenfield, Oldham,
Lancashire OL3 7DB

A question of commitment

I am writing in response to a letter published in *C&D* November 16 in which the author questions the commitment of Kimberly-Clark to the independent pharmacy sector.

Kimberly-Clark is committed to growing the Huggies brand throughout all UK outlets and, as such, has designed promotional programmes to drive brand growth while meeting the differing needs of all our customers and trade sectors. We aim to achieve this brand growth at the expense of our competitors, not by stealing share from one sector!

Kimberly-Clark is committed to a major resource investment by way of a 'pharmacy focused' sales force (mobile and telemarketing). The Kimberly-Clark sales team aims to provide independents with up to date information and advice on a wide range of subjects, such as market and brand developments, category management and shelf layouts, and last, but by no means least, the communication and execution of bespoke promotions that are competitive in the High Street.

The sales force has implemented a number of promotions that have been exclusive to the independent pharmacy sector. These have included free product premiums, such as children's books, where the participating pharmacist has been able to provide customers with a free book with each pack of Huggies purchased.

Indeed, far from 'snubbing' the independent sector, Kimberly-Clark recognises the competitive environment in which pharmacists are operating, and we would like to reassure your readership that we are committed to developing creative solutions that will lead to mutual business development.

Steve Page
Pharmacy sector manager,
Kimberly-Clark

In defence of the target shooter ..?

Connections between pharmacy and hand gun

control seem tenuous, but each time we dispense a Schedule 2 Controlled Drug we go to a CD cabinet, the specifications of which were lifted from the Safe Custody of Hand Guns Regulations.

Many pharmacists have proudly carried the 'NPA' designation - National Pharmaceutical Association and National Pistol Association - together.

Pistol target shooting, with its concentration on accuracy, reliability and discipline, makes a welcome and compatible leisure time activity for the conscientious pharmacist, and target shooters, who only ever wish to punch holes in pieces of cardboard, are the most law-abiding members of the community, as are most pharmacists.

Hand guns, like drugs, are not made to kill, despite the media hysteria about both. They are made, like medicines, to be accurate, reliable and effective. In most cases, they save lives.

Drugs, like guns, can kill if wrongly used. The answer is not to blame the product, but to select and train the user. This is the choice that Lord Cullen recommended. Hysteria and false information, as with drugs, has placed the legitimate activities of the considerable number of pistol enthusiasts in jeopardy.

Community drug workers have for a long time, like target pistol users, suffered from political expediency overturning facts and reasoned argument. In the light of the Cullen Report, it is necessary for right-thinking people to examine the facts and to meet the ordinary people - pharmacists among them - whose valued property they intend to seize and whose legitimate activities they seek to curtail.

After many hours at the dispensing bench, the continuing education session and the mountain of paperwork from Inland Revenue, Customs & Excise, Health & Safety, counter staff training and Royal Pharmaceutical Society protocol development, the level of concentration required to accurately and safely discharge a hand gun requires all other problems to be removed from the mind, with therapeutic results.

Despite the recent comments in parliament, may it continue.

David Morgan
Abingdon

Israeli firm sets up in UK

Dexxon, an Israeli pharmaceutical company, has set up a UK subsidiary, called Dexcel-Pharma in Daventry, Northamptonshire.

Dexxon, with annual sales of around \$20-30 million, is described as Israel's second-largest pharmaceutical firm. It specialises in manufacturing and developing modified release products and recently opened a manufacturing and research complex at Or Akiva, Israel.

Some of the company's products – Dicloflex and Isosorbide Mononitrate – were previously available in the UK through its distributors here, Pharmacia & Upjohn and Dominion Pharma. These will now be marketed and

distributed by Dexcel-Pharma.

Mike Kappler, who is Dexcel-Pharma's managing director, says Dexxon's UK move is part of a strategy to enter major European generics markets. The company already has a subsidiary in Germany.

While Dexcel-Pharma will be marketing Dexxon's generics, it stresses its parent is not just a generics producer.

"Companies going into generics should make up their minds whether they will concentrate on high-volume, low-margin commodity products, or whether they will position themselves as specialists in the modified release sector where, for a

period, their margins will be better. Dexxon has positioned itself as a specialist in modified release products," says Mr Kappler.

Within the first half of next year, he adds, Dexxon plans to launch three modified release products in the UK, with more launches later.

Dexcel-Pharma will also expand its portfolio by acquiring product licences.

Mr Kappler, who used to be a general manager at Pharmacia & Upjohn, leads a management team that includes Terry Grigg, sales and marketing director.

Dexcel-Pharma can be contacted on 01327 312266.

US approves Novartis deal

The proposed merger of Ciba-Geigy and Sandoz has been provisionally approved by the US Federal Trade Commission. Both companies have first to divest or licence products in three areas where their interests overlap. Novartis, the name of the merged group, will vie with Glaxo Wellcome as the world's largest pharmaceuticals group. Its shares are due to be traded on the Swiss stock exchange on December 23. Novartis Pharmaceuticals UK is expected to be launched in March.

Wilson trial adjourned

Nottingham Crown Court has adjourned the trial of Kevin Wilson, former managing director of Crookes Healthcare, to February 28.

Seton wins business award

Seton Healthcare has been awarded the *Manchester Evening News* Business of the Year trophy beating off eight other finalists.

Clarrell to market Regina

Clarrell International will handle the sales and marketing of Regina products from January 1 (currently handled by the Jenks Group). From that date orders should be placed with Clarrell International, 43b London Road, Sevenoaks, Kent TN13 1AR. Tel: 01732 740242. Until then, pharmacists should deal with the local Jenks' representative or with Jenks' order department.

Cortecs cancer agreement

Cortecs International has signed an agreement with Cancer Research Campaign Technology, a subsidiary of the Cancer Research Campaign, to develop diagnostic tests for nasopharyngeal cancer.

Further skirmishing over Lloyds

The battle of words over Lloyds Chemists' takeover has brought a final skirmish before Christmas.

Following the release of Gehe's offer document, Lloyds told shareholders to do nothing until after Gehe and Unichem's final offers.

Gehe has retaliated by claiming its cash offer of 500p per share has grown more attractive because the Government seems keen to squeeze pharmacy margins through lower NHS reimbursement fees; Unichem's

shares are "substantially underperforming" in a volatile stock market; and speculation about rising interest rates means the Unichem debt burden, if it acquires Lloyds, will be heavier than it anticipated.

Unichem has countered that if Gehe was truly worried about the UK pharmacy market, it would not be interested in Lloyds. It says its shares remain attractive. As C&D went to press, they remained unchanged at 244.5p.

Trident begins next-day generic delivery service

Trident, a wholesaler based in Stoke-on-Trent, has launched a next-day service for generics.

Trident is a division of Enterprise, an OTC/generics wholesaler owned by Lloyds Chemists. Martin Taft, Trident's sales manager, says it is offering next-day delivery to gain an edge on its competitors.

"We have been offering a weekly service for a couple of years, but we thought this market had reached saturation point because every wholesaler was doing the same thing. That's why we made this move," he says.

The next-day service is nationwide and is backed by a tele-sales team that the company is developing.

Mr Taft says customers' response to its new service has been very good.

Essential product information

Calpol has been voted the 'Most Essential Pharmaceutical Product' by readers of *Mother & Baby* magazine. Jack Dee, comedian and father, presented Mike Hayday from Warner-Lambert with the award at the 1996 *Mother & Baby* Awards held in early November at London's Park Lane Hotel



REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

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Other initials as registered

with the RPSGB or PSNI)

First name

Registration No: RPSGB

PSNI:

Pharmacy address

County

Postcode

Telephone no.

Business tax number

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I enclose a cheque to Miller Freeman: CiCPM part one only £100. (£ . .)

CiCPM part two only £200. (£ . .)

CiCPM parts one & two £275. (£ . .)

Total

Send cheques and forms to Sue Cheeseman/Claire Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1BW (tel 01732 364422)

Additional single module copies at £100 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (Full set £40.00 plus VAT of £5.96)

Have you completed a PMSI questionnaire in your name for your pharmacy?

If you can answer "Yes" and have returned the completed form to PMSI, do you wish to be entered for the prize draw where the first 100 names will have their part one fees paid by PMSI? Yes/No (delete)

(Refunds will be issued by PMSI after you register with Miller Freeman: see insert with first module).

All you and your business needs - The Certificate in Community Pharmacy Management...

...produced in association with The School of Pharmacy, The Queen's University of Belfast, from Chemist & Druggist and Community Pharmacy, supported by Smithkline Beecham Consumer Healthcare (PharmAssist)

How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QCB. Pharmacists registering for both parts simultaneously can save £25.

Asda denies row with Clarins

Asda this week denied it is embroiled in a row with Clarins because it is stocking the company's luxury skin care products against its wishes.

However, Asda has admitted, in a press report, that it has received a letter from Clarins that states its stores are not suitable to sell the company's lines.

The supermarket chain is stocking a number of the manufacturer's products, including Clarins 125ml gentle foaming cleanser, 100ml eye make-up remover and cleansing milk, in 57 stores. All the lines are priced at a 25 per cent discount to their

recommended retail prices.

Asda's stocks, sourced from the grey market, should last three months and have been introduced to coincide with the peak Christmas period.

The chain says it also stocked Clarins' products last August and adds that it could not recall the company complaining then. At the time, Asda also built up three months of stock and says it sold out rapidly.

Clarins has reportedly hinted that Asda's staff do not have the right training to recommend its products to consumers. The supermarket rejects the allegation.

"If we had a problem in that direction, we wouldn't stock the brands. Our customers are all-important and we think there is a market for value for money prices [for Clarins' brands]."

Clarins has also claimed that some of its brands' packaging may have been tampered with in the grey market and says it cannot guarantee the products. But Asda says it is confident about the quality of its products.

It does not rule out stocking Clarins' products more often, providing customers want them and it can obtain sufficient stocks from the grey market.

Zeneca stands out in export league table

Zeneca has been nominated one of the UK's top exporters by the *Financial Times*.

The company's exports last year grew 3 per cent to \$1,881 million and accounted for nearly 87 per cent of its UK turnover. It was placed 12th among the *FT*'s top 100 British exporters, down from 6th in 1994. The drop, says the *FT*, reflects how much other companies' exports have improved. This drive has been fuelled by the pound's devaluation after it left the European Exchange Rate Mechanism in 1992.

Glaxo Wellcome is snapping at Zeneca's heels in 14th place, although its exports fell 2.9 per cent to \$1,442m, compared with those of 1994. Glaxo's exports last year accounted for 70.1 per cent of its UK turnover.

Smithkline Beecham's position remains unchanged at 23rd, although its exports rose by 12.8 per cent to \$739m and accounted for 56.9 per cent of its UK turnover.

Rhone-Poulenc Rorer's exports leapt 53.7 per cent to \$372m and drove the company up 14 places to 47th. Ciba-Geigy rose two places to 48th. Its exports grew 10.7 per cent to \$362m.

The most impressive performer was BASF, whose exports grew 88.5 per cent to \$245m, mainly because of its acquisition of the Boots pharmaceutical division. BASF shot up 27 places to 64th.

Polaroid UK's position slipped from 65th to 70th because its exports fell 3.4 per cent to \$228m.

Overall, British exports grew 7.2 per cent last year and are believed to have grown again this year, although at a slower rate.

Unichem launches insurance scheme for its pharmacists

Unichem has introduced personal accident insurance cover for its community pharmacy customers.

The plan, involving insurance company AIG Europe, provides cover against accidental death, serious injury requiring hospital treatment and certain fractures.

Pharmacy employees can also join the scheme. Dependent children can be insured for free. Unichem says a comprehensive insurance plan can be set up for 30p per week. Those joining do not have to take a medical.

Under the plan, people are covered throughout the year, whether at work, at home, on

holiday or while travelling.

Its benefits are paid tax-free and are on top of any other insurance policy held, including state benefits. They are paid directly to the beneficiaries in cash, without using middlemen.

A spouse can be insured for the same cost as the primary insurance holder.

Annual premiums are collected via the pharmacist's Unichem account. A Freefone customer helpline is available to answer queries about the plan.

At the end of this month, Unichem's customers will receive a booklet outlining the scheme.

Oxford Biomedica denies 'share slump'

Oxford Biomedica is rejecting press reports that its shares have slumped since it was floated on the Alternative Investment Market nearly two weeks ago.

The company had been placed at 88p, but it was floated on AIM at 42.5p. At the time *C&D* went to press, the shares were trading at 50.5p. The company says the rising price belies reports about its shares slumping.

But it admits its flotation was

hampered by unfortunate events. Two of its four underwriters deserted the issue, which forced it to postpone the flotation by one day. The company may take legal action against the underwriters concerned.

Investors had also been nervous - three other companies had postponed their floats early that week and other listings had been scaled back following a fall in the stock market.

BTG Group makes return to the black

Technology licensing group BTG saw a return to the black in the six months ended September 30, with a pre-tax profit of \$0.17 million against a \$2.1m loss in the same period last year.

Group turnover was up 38 per cent at \$12.1m, compared with \$8.8m in the same period last year. The company has also announced a five-way share split.

It attributed its return to profit to a number of sizeable payments in respect of specific technologies, including an initial payment from Forest Laboratories for a new combination painkiller, and a further payment from Smithkline Beecham for trials of the anti-cancer drug Idoxifene.

Recent product launches include Tomudex and Cervidil.

ADVANCE INFORMATION

The Society of Cosmetic Scientists is holding further diploma courses at the London College of Fashion on the following dates: **January 9**, 'Aerosols under pressure'; **February 6**, a joint lecture with the British Society of Perfumers, 'Capturing the essence of nature'; **February 11**, RDG educational event, 'How to mix it with the best' and 'UV protection'; **February 14**, annual dinner and dance at the Royal Lancaster Hotel, London W2.

The **Chiltern Region, RPSGB**, is organising a joint meeting with the **UK Psychiatric Pharmacists Group** on **January 26**, on 'Mental health in primary care'. Further information from Mark Bryan, tel: 01536 771065.

The **National Association of Senior Pharmacy Managers** is holding its AGM and seminar on **February 6**, on 'Managing staff shortages'. Further details from Ali Dadoo, tel: 01444 412 619.

The **Scottish Pharmacists in Mental Health** is organising a clinical meeting on 'Epilepsy', on **February 12** in East Kilbride. Contact Anita Hunjan on 0141 211 3663.

IIR is organising a conference on 'Strategic premarketing in preparation for product launch' on **February 26/27**, in London. Details from IIR on 0171 915 5055.

Nicholas Hall & Co is organising an East European seminar on 'OTC into the 21st century' on **February 27/28** in Poland. Further information from Mark Turner, tel: 01702 220200.

Miller Freeman Exhibitions is organising Chemex North, 1997, sponsored by *Chemist & Druggist*, on **March 9**, in the University of Manchester's Armitage Centre in Mallowfield.

The **National Association of Women Pharmacists** is holding its weekend conference on **April 11/13** in Birmingham on 'Fighting infection in the millennium'. For details contact Lady Constance Perris, tel: 0121 449 3652.

Government gives £5,000 to ABPI

The Government has given the Association of the British Pharmaceutical Industry \$5,000 to set educational and training targets for its members. A further \$5,000 is expected to be donated by the pharmaceutical industry.

The ABPI will spend the money on a feasibility study to gauge the industry's level of training.

The Government's donation comes under the Sector Targets scheme, which is giving a total of \$250,000 to 25 industries. The industries, says the Government, will use the money to develop the skills they need to compete effectively in the UK and abroad.

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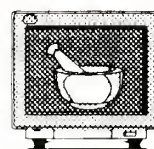
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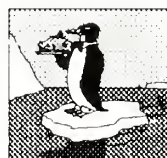
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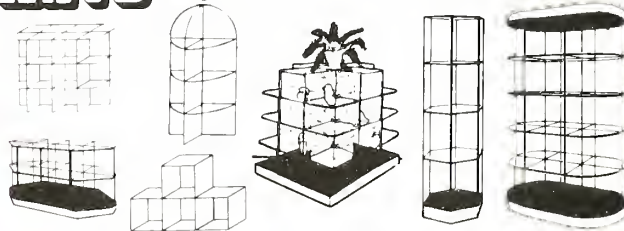
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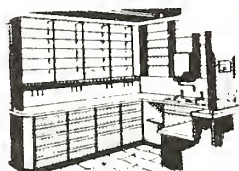
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ABOUT people

Queen's gets Boots donation



Boots the Chemists has given the pharmacy department at Queen's University, Belfast, a donation of \$5,000 to help create a state of the art pharmacy teaching facility for the new century.

The money will be used to convert existing facilities into a facsimile pharmacy, complete with a proprietary dispensary and OTC section, so that students will be able to learn their profession in an up to date setting.

The unit should be completed by the end of the year and an official opening is planned for January or February next year, says Professor James McElnay, director of the school of pharmacy.

Professor James McElnay (left) with Clive Stanley, Boots' N Ireland area manager (right)

The emphasis of the training will be on medicine management and patient counselling, instead of mixing potions and rolling pills.

The cheque was presented to Professor McElnay by Clive Stanley, the Boots' Northern Ireland area manager, who comments, "We hope that the pharmacists of tomorrow will be able to embrace a greater role for the benefit of patients in the community."

"There is an important part for pharmacists to play alongside doctors and nurses in maintaining a strong health service. We would like to see pharmacists out there talking to customers, and helping them with information and advice on their health and wellbeing."

APPOINTMENTS

Sam Wilkinson has been appointed president of the Ulster Chemists' Association.

Graeme McFarlane has been made director of marketing for Innovex (UK). He has worked in sales and marketing in the pharmaceutical industry for 18 years for companies such as Astra and Bristol-Myers Squibb.

Dermot Giles is the new commercial manager of AAH Pharmaceuticals. He will be based at the company's Belfast branch. He has worked as a territory field manager for Cow & Gate Nutrition.

Galpharm International has promoted **Leonie Schofield** to the post of marketing assistant.

Bill Hammond has become the health claims adviser at the Pharmaceutical & General Provident Society, where he will perform a customer relations role.

Silence is golden

Ex-Nigerian international footballer, locum agent and pharmacist Meka Nwajiobi has raised \$1,005 for Children in Need with a sponsored silence at Safeway's pharmacy in Ashford.

The event took place in the pharmacy from 9.00am through to 8.00pm. If a customer asked Mr Nwajiobi for professional advice, an exception was made and he was allowed to speak.

Dispenser Sandra Carter suggested the sponsored silence, as she thought Mr Nwajiobi was forever talking to customers.

"Customers thought it was fab-

ulous. Ninety-nine per cent of people chipped in," says Mr Nwajiobi.

He almost broke his silence when a female customer teasingly told him that she loved him, but he just managed to resist the temptation to reply, he says.

Other Safeway pharmacies in Eastbourne and Hastings, and Health First pharmacy, east London, also helped to raise cash for Children in Need.



Wella wins award for training programme



Wella has won a Government-sponsored national award for a training programme developed for its consumer products division. Wella invested in laptop computers for its sales force. The system has already halved the time taken from initial order to final delivery and led to a substantial cut in operating costs. The award was presented at a dinner held at Goodwood House, near Chichester, Sussex. (Left to right: Harry Robinson, Keith Stake, Gordon Thompson, Colin Andrews, Stella Hayden and Brian Hankin from Wella GB)

Crack open the champers!



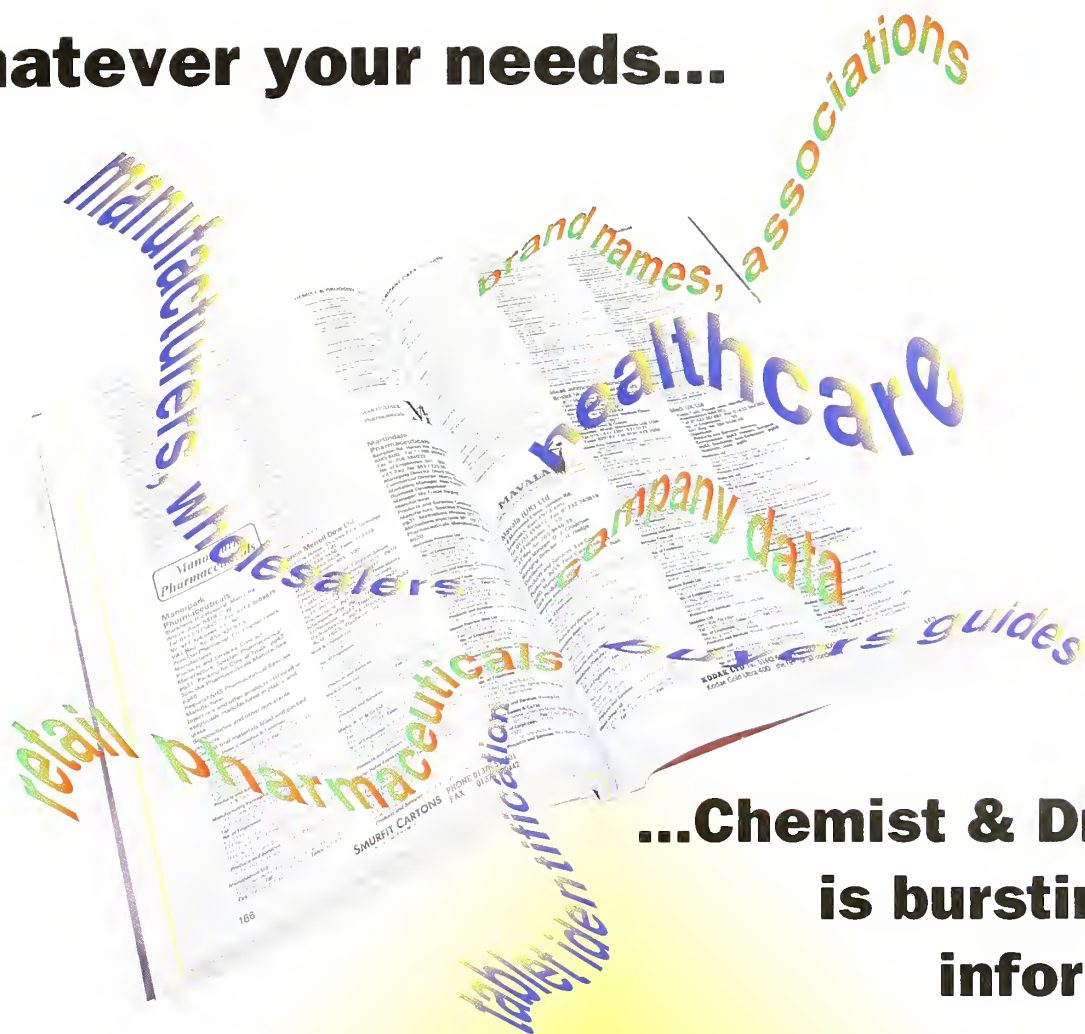
Pharmacy assistant Angela Blake, of Rays Pharmacy, Southend on Sea, is this month's winner of a bottle of champagne for completing C&D's Cambridge Counterpart course. Angela is pictured here with proprietor pharmacist Subhash Raithatha (left) and C&D publisher Ron Salmon (right)

Silver service

AAH Pharmaceuticals has honoured Dennis Connelly for his 30 years' service as a driver at its Aberdeen branch. David Taylor, managing director of the company, and staff at the branch presented Mr Connelly with an inscribed silver tray to mark the occasion. "I've enjoyed my time working with AAH. I've seen a fair few changes around me, but my job is still much the same as it's always been," said Mr Connelly.



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Sharp, stabbing sore throats deserve Strepsils anaesthetic action

Presentation: 24 lozenges (orange) 1 x 12 lozenges (red) in a box. Amylmetacresol 0.125mg, Lidocaine 2.5mg.

Also contains: Sucrose, Glucose Syrup, Tartaric Acid, Flavourings, Sodium Benzoate, Quinine Yellow, Indigo Carmine.

Indications: Symptomatic relief of severe sore throat. **Dosage & Administration:** Adults and children over 12 years: One lozenge to be sucked every 2 hours as required. No more than 8 lozenges to be sucked in any 24 hour period.

Contra-indications: Not recommended for children under 12 years of age.

Precautions: If pregnant or breast feeding, consult your doctor before using this product. If you are allergic to any of the ingredients listed, do not use this product. Consult your doctor if symptoms persist or are accompanied by high fever or headache.

Side effects: May occasionally cause allergic reactions.

Packaging: Quantities: 24 lozenges in a carton. Legal category [P]. RSP: £2.15 PL 0327/0078.

Product Licence Holder & Manufacturer: Crookes Healthcare Ltd, Nottingham NG2 3AA. Prepared September 1996.

Presentation: Red liquid containing Lidocaine Hydrochloride, Ph. Eur.

Also contains: Purified water, sorbitol solution, flavourings, (levomenthol, peppermint, aniseed), sodium citrate, saccharin, alcohol, carmoisine edicol (E122).

Indications: Symptomatic relief of severe sore throats.

Dosage & Administration: Adults and children over 12 years: Aim nozzle at back of throat and spray three times, this is one dose. Repeat every three hours as required. No more than six doses in any 24 hour period.

Contra-indications: If you are allergic to any of the ingredients listed do not use this product. Patients suffering from asthma or bronchospasm. Not recommended for children under 12 years. Do not inhale whilst spraying and avoid contact with the eyes.

Precautions: If symptoms persist or new symptoms arise (fever, headache, nausea and vomiting) talk to your pharmacist or doctor.

If pregnant or breast feeding, or taking any other medication, consult your doctor before using this product.

Side effects: May occasionally cause allergic reactions. Patients may experience numbness of the tongue and therefore care may need to be taken in eating and drinking hot foods.

Packaging Quantities: 20ml bottle. Legal category [P]. RSP: £3.99 PL 0327/0089.

Product Licence Holder & Manufacturer: Crookes Healthcare Ltd, Nottingham NG2 3AA. Strepsils is a Trademark. Prepared September 1996.



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Strepsils

DIRECT ACTION SPRAY

(Contains Lidocaine Hydrochloride)

Anaesthetic to numb pain. Medicine for severe sore throats.

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Lidocaine HCl

24 LOZENGES

DUAL ACTION

Strepsils

ANAESTHETIC FOR RAPID PAIN RELIEF
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MEDICINE FOR SEVERE SORE THROATS

**Lidocaine HCl, amylmetacresol
and dichlorobenzyl alcohol**

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